

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

July 16, 1994

OVER THE  
COUNTER INSIDE

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FAST.**

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**Private eye  
monitors  
Wilts GPs**

**Essex to benefit  
from practice  
facilitators**

**Society goes to  
law on 'poppers'**

**Council agrees  
sales protocols  
and training**

**Update: using  
asthma devices**

**A change of  
direction: three  
case studies**

**Wholesalers  
target hospitals**

**Independents  
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inflammation,  
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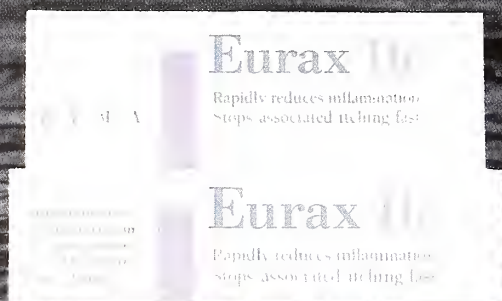
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**in** A United Newspapers publication

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Comment

'Local pharmacies' come out top for convenience in a Verdict Health & Beauty survey on 'How Britain Shops' (p99). Some 82 per cent of those surveyed said convenience was the main reason for using local community pharmacies. This was the highest individual result on attributes in a survey of Boots the Chemists, Body Shop, Superdrug, Lloyds, Hills Pharmacy, E Moss, Co-op Chemists and 'local chemists'.

This is a great result for independent pharmacies. It suggests that, although the distribution of pharmacies is not entirely rational, customers wanting medicines and toiletry products do find such outlets convenient and hence use their services. This goes some way to contradict the views of our second industry columnist (see p80). He foresees a world where pharmacies will amalgamate into better sites, be they shopping centres or local health centres, and open all hours from eight till late. The number of supermarket pharmacies is on the move again: some of them, like some of Boots the Chemists' 50-plus new small pharmacies, do not have NHS contracts, but try and establish that they are 'necessary' or 'desirable' in practice, many by offering a dispensing service through a satellite pharmacy.

However, the Government is no longer pushing out-of-town shopping centres, and is moving towards preserving what's left of village and town retail centres for those who live, work and wish to shop there. It seems that the corner shop pharmacy scores as a public healthcare convenience, according to Verdict, but needs to brush up on the retailing arts in order to convert more of those who come through the door into bigger spenders.

One way of doing that is through the pharmacist's forte of providing healthcare advice. The range of efficacious OTC medicines is set to increase by a further bound as more POMs go to P (see p77). Staff trained in healthcare and product knowledge are the key to this equation. The Royal Pharmaceutical Society's decision to press ahead with medicines sales protocols (p78) is a great step forward and one which all pharmacists should endorse. If pharmacy wants to hold onto the right to sell restricted-sale medicines, then it must be seen to deliver a quality service. It cannot afford to be caught out by *agent provocateurs*. The Society's proposal on protocols may have flaws, but Council is right to action it now. Pharmacists and their staff need look no further than the NPA for their training needs.



# Private detectives hired in Durrington dispute

Patients in Durrington, Wiltshire, are reluctant to exercise their rights to have prescriptions dispensed in the newly-opened village pharmacy, Edwards, a private detectives' report has concluded.

The investigation was commissioned by the owner of the pharmacy, which has been subject to fierce opposition from village doctors, following the granting of its dispensing contract by the Appeals Unit in Harrogate.

As a consequence, the village's Avon surgery lost its dispensing right for patients living within one mile of the surgery on December 1, 1993, while Durrington's second surgery, Dr Grummit's, was no longer able to dispense for those patients from June 1, 1994. However, both surgeries are operating collection and delivery services with a Boots' branch 12 miles away in Salisbury, bypassing Edwards (see *C&D* March 19, p453; June 18, p1048).

Investigators attended both surgeries as patients, registering as temporary residents. They visited the Avon surgery on April 25, saying they lived more than three miles from the nearest pharmacy. They were asked to sign a pink form [Wiltshire Family Health Services Authority's doctor dispensing form] authorising doctors to provide any medications they may require. The detectives report that they were given no other script collection option.

At Dr Grummit's surgery on May 16, the investigator was asked to sign the same pink form, as they lived outwith the pharmacy's one-mile radius. They were told that the surgery was to lose its dispensing rights because a chemist had opened in the village, "which we do not like to use", said the receptionist.

However, on a visit to one of the doctors at Dr Grummit's surgery on June 26, the researcher was given a script and told to take it to any pharmacy.

Neither surgery displayed 'advertisements' for any pharmacy. *C&D* understands this to mean there were no posters advertising pharmacy services.

Having interviewed several of the residents of Durrington, the detectives found there were widespread worries among the elderly over what would happen should the pharmacy fail.

Instead, they are opting for Boots' repeat prescription collection and delivery service being offered by the surgeries. Both surgeries hold consent forms, written in the manner of a letter

from the patient to the doctor, nominating Boots' repeat prescription service. Medicines are picked up at the surgery.

A Boots' spokeswoman says these arrangements came about at the request of patients. "We believe that these services play a useful part in extending patient choice," she comments.

Sue Sharpe, head of the Royal Pharmaceutical Society's Law Department, points out that it is quite lawful to have a repeat request at the behest of a patient, as opposed to one initiated by the pharmacist. What the Society does object to is the delivery of medication to the surgery.

The detectives' report concludes that there is "a great deal of support for the chemist".

The pharmacist at Edwards Pharmacy, Sultan Dajani, says script volume is increasing, despite lack of GP co-operation. "We are slowly winning customers round," he says. He has written to both surgeries asking for an amicable arrangement to be reached, but neither has replied.

Although happy with support he is receiving from villagers and Wiltshire & Bath Health Commission, Mr Dajani intends to take his case further by con-

tacting his local MP and the Secretary for Health, Virginia Bottomley.

A spokesman for Wiltshire & Bath Health Commission says that Edwards Pharmacy "provides a desirable pharmaceutical service to the local community". The Commission wishes to see both the pharmacy and doctors providing a full and complementary healthcare service to residents.

The General Medical Services Committee of the British Medical Association says it has no fundamental policy in this area and believes matters should be resolved at a local level.

Mr Dajani has been accused of victimising dispensing doctors by GPs in the nearby village of Shrewton, where he has applied for a dispensing contract. There are two dispensing doctor surgeries in the village. This application has no connection whatsoever with Mr Dajani's Edwards Pharmacy.

• Patients who complain about their GP are being removed from doctors' lists, according to a report from the Association of Community Health Councils for England & Wales. Some patients are being struck off for being "too ill".

## BMA wants brake on POM to P moves after TV exposé

The British Medical Association has called for a slowdown in the number of POM to P switches after a television programme exposed a lack of supervision of P medicine sales.

Dr Jane Richards, chair of the prescribing sub-committee of the General Medical Services Council, speaking on the Meridian television region's 'Serve You Right' programme, said: "I hope we will not go headlong into changing more drugs from POM to P and therefore OTC until we have had time to see the implications of those we have already changed."

The programme unearthed pharmacists in Portsmouth and Hove selling P medicines without adequate supervision. The most damning case was an eight-month pregnant woman buying Triludan Forte over the counter without any questions being asked by either the pharmacist or assistant.

Similar lack of supervision was exposed in Hove when undercover researchers, posing as patients, bought a cocktail of paracetamol-containing cold remedies/analgesics, or Tagamet

over the counter without being questioned.

Boots was one of the pharmacies visited by the pregnant woman and whose staff sold her the antihistamine. "On the whole our staff are very well trained ... It should have been fairly obvious [she was pregnant]," commented a Boots' store spokeswoman.

The pharmacist at City Pharmacy blamed the lack of supervision on being busy, while Tremletts Pharmacy would be launching an internal inquiry into P medicines supervision.

In Hove, four pharmacies warned against taking Lemsip, Night Nurse and Anadin Extra together, although J & V Colwill and Watts & Co did not.

Colwill came under the spotlight once again when a researcher bought Tagamet without question. Exactly the same situation arose in Hove's Cromwell Pharmacy.

The National Pharmaceutical Association agreed that there was room for improvement, but it also put the onus on the public asking pharmacists if they had doubts about what they bought.

## Ex-heroin addict walks free

A pharmacist who spent three years addicted to heroin he stole from work has walked from court with a nine-month jail sentence, suspended for a year.

Dr Dafydd Williams, aged 29, bought in diamorphine in "vast quantities" at the pharmacy where he worked, but did not record the orders in a bid to keep his addiction secret, Swansea Crown Court was told on Monday.

He admitted stealing more than £1,800 of diamorphine from his employers, possession of the drug and failing to make entries in the Controlled Drug Register.

Patrick Griffiths, prosecuting, said Dr Williams first started using heroin three years ago when he worked at the Gwynfa Pharmacy in Morrison Road, Sandfields, Port Talbot. "His method was to smoke it and on that basis it is likely that he would have used far more than if he injected it."

At the height of his addiction, he was using as much as 1g daily. He did not dissent when a police officer described the amount as "quite horrendous".

Dr Williams' drug abuse was uncovered when he was transferred to another pharmacy and his replacement "became alarmed to discover there were vast quantities of diamorphine he could not account for", said Mr Griffiths.

Peter Rouch, defending, said Dr Williams had first tried heroin because of the pressures of running a busy business and trying to study for his doctorate at the same time. "As with all addicts he thought he could control it, but within a short space of time he was the one being controlled. His wife never once suspected and nor did his staff."

Dr Williams once managed to withdraw from the drug during a holiday in Hong Kong, but suffered side-effects. He did not seek professional help, and when the pressures at work mounted again he "once again sought refuge" in drug abuse, said Mr Rouch.

When his abuse was discovered Dr Williams, of Dol Goed Road, Pontarddulais, felt so ashamed he attempted to commit suicide with a vodka and drugs cocktail. He recovered and was given help under the Sick Pharmacists' Scheme when he was given five weeks' counselling.

On sentencing, Judge Hugh Williams said: "I regard this as a wholly exceptional case. Neither as a judge or barrister have I encountered anything like it. There is room to be optimistic about you and the future."





## Society acts on sex shop 'poppers'

Three London sex shops face private prosecutions by the Royal Pharmaceutical Society for selling amyl nitrite as a sex stimulant. The cases are expected to come to court within the next two to three months.

Steve Lutener, head of the society's inspectorate, told *C&D* that, to the best of his knowledge, it was the first time the Society had taken such action. When the sale of 'poppers' was brought to

the law department's attention last year, it was decided that the Society had powers to prosecute under the Medicines Act.

Amyl nitrite is a P medicine used legally as a cyanide antidote. Mr Lutener did not know how the sex shops obtained their supplies, but thought the drug was quite easy to synthesise. Other substances obtained from the shops included isobutyl nitrite and isopentyl nitrite.

The move has been welcomed by the AIDS campaigning charity, Positively Healthy, which believes that use of 'poppers' may be linked to the development of AIDS. A spokesman was quoted in the *London Evening Standard* last week as hoping that amyl nitrite would be made prescription only to bring an end to the heavy advertising and promotion of 'poppers' on the gay scene.

## Essex to appoint facilitators to develop pharmacy

Essex Family Health Services authority is to appoint two part-time pharmacy practice facilitators as part of a long-term strategy for its pharmaceutical services.

This development strategy, revised with input from the Local Pharmaceutical Committee, aims to maximise the skills and resources of community pharmacists in primary care.

As such, it has made a series of recommendations ranging from regular reviews of oxygen services through to encouraging the setting up of private consultation facilities and improved use of patient referral forms.

A reciprocal referral system from other health professionals to pharmacies is to be investigated. The FHSA will also examine accreditation schemes for pharmacists and the possibilities of counter assistant training.

LPC secretary John Stanley welcomes the £40,000 appointments: "The fact that in principle the FHSA is making these pro community pharmacy

recommendations is a good thing."

He anticipates that each facilitator will have specific duties, and hopes that these will stress the importance of getting audit systems up and running. "An accredited audit process will be relevant in prising money out of the FHSA in the future," he says.

Mr Stanley is also keen to encourage greater liaison with social services "as they are very important in Government health policies".

## Scots aim to tie allowance to scripts

More Scottish pharmacists could be eligible for the professional allowance under new proposals by the Scottish Pharmaceutical General Council.

It hopes to tie 1994/95's allowance to the number of dispensings, rather than the current calculation based on the number of items — a bonus for those on the cusp of getting the professional allowance.

The current system gives pharmacists dispensing over 1,000 items a month a monthly payment of £575. Those dispensing more than 2,600 a month receive an extra £1,175.

## Multiples lead growth

Grocery multiples and Boots are largely responsible for the modest rise in the number of registered pharmacies seen in June.

There was a net gain of 12 pharmacies last month, taking the number in Great Britain to 12,061. Three new Tesco pharmacies commenced trading along with five new Boots' stores (two of which were relocations). Five

hospitals also registered their pharmacies.

In England, 23 pharmacies started trading, three were restored after paying their fees and 15 closed down; there were four openings and four closures in London.

There was one opening and one closure in Scotland, while in Wales three pharmacies opened and two closed down.

## New batch of POMs to P

A further ten products have been approved by the Committee on Safety of Medicines for a POM to P switch. In a consultation letter (MLX 207) the Medicines Control Agency details the products and their indications. The MCA plans to implement the changes, subject to the comments received and the views of Ministers, by December 31 this year. If this proposed amendment follows the same timetable as last year, the following products should be available OTC in early 1995:

- **Felbinac** (Traxam) gel or foam for topical application to relieve strains, sprains and contusions
- **Flunisolide** nasal spray (Syn-taris) for the prevention and treatment of seasonal allergic rhinitis, including hayfever
- **Minoxidil** (Regaine) for the treatment of male pattern baldness
- **Piroxicam** (Feldene) for the relief of muscular aches, pains and swellings such as strains, sprains and sports injuries
- **Ranitidine** (Zantac) for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity. Maximum dose 75mg, maximum daily dose of 300mg and for a treatment period of not greater than two weeks
- **Triamcinolone** (Adcortyl in Orabase 5) for the treatment of recurrent mouth ulcers

• **Topical hydrocortisone ointments and creams** to treat mild to moderate eczema

• **Hydrocortisone Acetate** (Anusol Plus Suppositories and Ointment) to treat haemorrhoids. (Anusol HC products contain the amounts of hydrocortisone specified in the proposal)

• **Oxethazaine** (Mucaine)

• **Diclofenac** (Voltarol Emulgel).

All the above products are proposed as P products subject to limitations on concentration, pack size and the duration of their use.

The majority of manufacturers whose products are included in the proposal were satisfied their products had been approved by the CSM, but were unwilling to divulge any plans. Most said it would be premature to discuss OTC versions as the letter from the MCA is merely a consultation document.

Sheila Kelly, executive director of the Proprietary Association of Great Britain, says the approval of further products for POM to P switches "underlines the commitment on behalf of the Department of Health to maximise the benefits of self-medication for consumers by releasing safe products for use without medical supervision. It provides pharmacists with new opportunities to assert themselves in the role of healthcare adviser on the high street".



# Council agrees protocols and staff training ...

The Royal Pharmaceutical Society's Council has decided it should be a matter of professional ethics for pharmacies to follow written protocols for the sale of medicines and that medicine counter staff should be appropriately trained.

From January 1, 1995, every pharmacy should have a written protocol covering the procedure to be followed when a medicine is supplied or a customer seeks advice on a medical condition.

From July 1, 1996, all pharmacy staff who are regularly involved in the sale of medicines must have completed or be undertaking a course containing all the elements in the level 2, unit 217, retail certificate of the National Vocational Qualifications. This is covered by the

National Pharmaceutical Association Assistants' Training Manual and Boots' course for medicine counter assistants.

The deadline for training has been extended by six months on the advice of the working group on sales of medicines from a pharmacy, which reported to this month's Council meeting. Initially, Council had proposed a date of January 1, 1996.

The working party report was prepared in the light of the response to a consultation document published in February (*C&D* February 26, p324). None of the broad range of respondents had opposed the requirements for a protocol or for staff training. Council heard at last week's meeting, but there had been comments on practical points.

The secretary and registrar, John Ferguson, stressed the need to adopt the proposed policy without delay, while president Ann Lewis felt the proposals would mean consistency in advice and information.

Peter Curphey was unhappy about the possibility of certified assistants being able to sell P medicines without involving the pharmacist directly, as this might lead to a change in the definition of 'supervision'.

Mr Ferguson explained that, under the Medicines Act 1968, an assistant had to be supervised by a pharmacist. But if the assistant had completed a training course and had followed the protocol which established when the pharmacist had to be involved, and if the pharmacist was in the pharmacy area, then the working group's view was that the public interest would be served.

Gordon Appelbe was worried that each pharmacy would have a different protocol and he thought there should be a basic core protocol with variations where necessary.

Lord Peston was surprised the Society had not produced a protocol and was concerned that symptoms would be described to an assistant without being referred straight to a pharmacist.

Mr Ferguson replied that the working group felt it would be impossible for the pharmacist to handle every request; that was the whole purpose of having well trained staff, operating within conditions specified in the written protocol.

David Coleman, who chaired the working group, added that it was still intended that all infants and children would be referred, and there was nothing to stop pharmacists listing additional categories for referral.

Hemant Patel was worried about the cost of the scheme, as it could mean extra staff as well as training costs, but Linda Stone felt the Pharmacy sale category was a unique selling point without which she could see the demise of the community pharmacy. Marion Rawlings agreed that the cost of not implementing the proposals would have to be considered, as there would never be a situation which did not cost pharmacists time and money.

● *C&D* understands that the working group made a stand against some of the practices used to draw a distant pharmacist's cursory attention to the sale of P medicines, such as ringing bells or calling out product names. The group recommended that such procedures should be avoided.

## Mail order medicines

The Royal Pharmaceutical Society's Council has agreed it should produce a definitive policy statement opposing the supply of medicines by mail order in the UK.

The decision was made on the recommendation of the Industrial Pharmacists Group Committee, after it had considered a report of the recent general assembly of the EC's group for industrial pharmacists at which concern had been expressed about press reports questioning the need for pharmacists.

The matter of mail order pharmacy was raised when the Society's secretary and registrar, John Ferguson, presented a report of a meeting of the executive committee of the Pharmacy Group of the European Union.

The meeting had been concerned that sale of medicines by mail order was not to be banned throughout the EC. An article had been added to a draft Directive to instruct member states to ban distance selling of medicines; this had then been replaced by an article leaving it to them to decide for themselves.

The group's secretary general had urged all national delegations to continue to lobby for a ban on promotion of medicines for sale by mail order.

## Pharmacy awareness in Walsall

Walsall pharmacists have received their customers' seal of approval, according to the results of a pharmacist-initiated survey.

Over 90 per cent of 1,000 people questioned by Walsall Family Health Services Authority expressed satisfaction with pharmaceutical services in the area.

However, although 85 per cent were aware that pharmacists gave advice on minor ailments, only 46 per cent had asked for counselling in the last 12 months.

Awareness that pharmacists offer health screening was very low at 21 per cent. Nearly three-quarters were unaware pharmacists can give life style advice.

Patient medication records, DUMP and counselling on minor ailments and medicines were recognised by the majority to be part of the pharmacist's role.

The elderly and ethnic groups were least likely to seek advice.

For the latter, language barriers and poor communication of culturally sensitive information were partly responsible.

As a result, Walsall FHSA plans to promote pharmacy and to target ethnic groups. It will repeat the survey in three years' time.

## ... and supports contractors' compensation scheme

The idea of a compensation scheme for pharmacy contractors who wish to surrender their NHS contract, as proposed in February at the LPC Conference, has been supported by the Council of the Royal Pharmaceutical Society.

Local pharmaceutical committee representatives had asked for a scheme to be considered for contractors dispensing more than 500 items a month but fewer than 1,500.

Hassan Argomandkhah proposed that Council support the spirit behind the scheme and "take immediate steps to open discussion with all relevant bodies to facilitate a speedy drawing up of options for a compensation scheme".

He said that pharmacy should be seen as a compassionate profession that could sort out its own problems. A compensation scheme would mostly involve small sums to small contractors and would lead to rational distribution and better standards.

RPSGB secretary and registrar, John Ferguson, said it would be within Council's remit to support the spirit behind the proposal, but he was concerned about the Society becoming involved in drawing up options. Other speakers were also worried that this would be against the Society's Charter obligations.

Nicholas Wood proposed an amendment, which was carried, that Council should make its support known to the relevant bodies "and offer any appropriate assistance that they may request". This meant that the Society would help only if it was able.

**No action on Medilink advertising** Council agreed that television advertising for the Boots' Medilink patient medication record system did not conflict with the Code of Ethics guidance on the advertising of professional services. The Law and Ethics Policy Committee saw no conflict with Principle 7 of the Code, although the development of a service such as Medilink had not been envisaged at the time Principle 7 had been reviewed.

**Review of Council elections** Council agreed to establish a working group to review the procedure for the annual Council election and to consider an annual hustings event.

The decision was made following a resolution of the Society's annual meeting that the procedure should be modernised in order to allow limited canvassing in the future.

**Pharmacy Week delayed again** The Pharmacy Awareness Week, planned for October, has been rescheduled for spring 1995.

**National lottery** Council has no objection in principle to the sale of Government lottery tickets through pharmacies. The Law and Ethics Committee is to consider guidelines.

**Pharmacy 2000** Council is to offer the Society's assistance to the Pharmaceutical Services Negotiating Committee in formulating a strategy on how the NHS pharmacy contract could be developed to provide the best possible pharmaceutical service. The offer will be made in the Society's response to the PSNC's consultation document 'Pharmacy 2000'.



# From Practice to People



**What is special about the professional service offered by your pharmacy? What makes it right for the community you serve? How do you reconcile commercial common sense and the healthcare needs of your customers? The Glaxo Pharmaceuticals / *Chemist & Druggist* Community Pharmacy Award challenges you to examine your practice and to tell us about it, with the opportunity to win a place on one of three major study tours**

tour will be awarded to the three winning entries. The first prize winner will have first choice of attendance at one of the following:

- The American Pharmaceutical Association meeting in March 1995 in Orlando, Florida
  - The 55th World Congress of Pharmacy and Pharmaceutical Sciences in August 1995 in Stockholm
  - A personal development course with the Management Centre in Brussels
- The second prize winner will choose between the two left

If you practise as a community pharmacist anywhere in the UK you can enter the Glaxo/C&D Award by expressing, in not more than 1,000 words, why you believe the service offered by the pharmacy where you work meets the needs of your customers in a special way.

The ways you meet the challenges of the NHS in your area will vary, but certain key factors will be considered by the judging panel. The list below is not exhaustive, but may serve as a guide. You will, however, need to demonstrate quality in your submission.

- Scope of GP liaison
- Means of continuing education
- How you keep up with new product launches and any associated counselling needs
- Quality and quantity of assistant training offered
- Range of written information
- Health promotion programmes
- Patient-friendliness of pharmacy design
- Hours of opening
- Services on offer during and after normal opening hours
- Quality of patient records and healthcare advice
- 'New role' services
- Prescription collection services
- Delivery services

Supporting literature such as practice leaflets and photographs of the pharmacy may accompany the entry form.

## The judges

Four eminent health specialists have agreed to join Glaxo Pharmaceuticals' commercial affairs director, Ron Nightingale, and C&D's Editor, John Skelton, on the panel. They are:

- Ailsa Benson, head of training at the National Pharmaceutical Association
- Gill Hawksworth, member of the Council of the Royal Pharmaceutical Society
- Sue Sharpe, director of legal services at the RPSGB
- Dr Mike Smith, medical practitioner, writer and broadcaster

## Entry timetable

The closing date for entries is August 31. The winners will be announced on November 12. They will be notified personally before the end of October.



## The rules

1. Entry is open to any pharmacist on the Register of the Royal Pharmaceutical Society, or the Pharmaceutical Society of Northern Ireland, practising in the UK.
2. The entry form below must accompany an essay of up to 1,000 words setting out why the pharmacist considers his or her pharmacy practice is special.
3. The entry material may be used editorially in *C&D* which

cannot give an absolute guarantee that it will be returned in its entirety.

4. Winning entrants should agree to be interviewed by *C&D* on the outcome of their study tour with a view to publication, accompanied by pictures taken *en route*.

## The prizes

The opportunity to attend either a major conference or management course as a study

and the third will be allocated the remaining prize.

**Glaxo**  
Pharmaceuticals UK Limited  
**CHEMIST & DRUGGIST**

**Please complete entry form and, together with your 1,000-word essay, send to: 'From Practice to People', *Chemist & Druggist*, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW**

Name.....

Address.....

.....

.....

Pharmacy.....

.....





## Tripping over the pace of progress

The great debate over supervision continues apace, with another media report of community pharmacy neglecting its responsibilities (*Comment* July 9). But amid the furore we sometimes forget that only a few short years separate pharmacy practice from a different era.

I can remember when the entire shop was full of counters and the 'drug counter' occupied the whole of one side. In those days, the dispensary was truly 'at the back' and drug sales were controlled by a highly competent male assistant, with females not being allowed anywhere near his domain. I was taught that diagnosis was the responsibility of physicians while dispensing was an art to which I was the proud possessor of monopoly knowledge.

Pharmaceutical innovation was rare and those drugs that could be purchased were effective more for their promotional promises than for their therapeutic activity.

The dispensary was the province of the pharmacist and, if the customer wished to consult, he or she was 'sent up' to the inner sanctum where counterprescribing was a ritualistic decanting of

numerous stock mixtures of questionable efficacy.

Since those predictable days, progress has been swift. The therapeutic revolution has destroyed the original mystical foundations of pharmacy practice to the point where it is now recognised that the rightful place for the pharmacist is with the patient and the technical aspects of dispensing are best left to the efficiency of the pharmaceutical industry and a competent technician.

I suspect that for many pharmacists this revolution has been too rapid and that many of the problems which are presently being highlighted are born of dormant desires for a return to a more ordered existence.

Despite my many assertions to the contrary I, too, am guilty by neglect, so over the last two weeks I have looked critically at the way Doty and myself tackle requests for both information and the supply of drugs. If information is sought, then there is no problem and I consider the patient is provided with excellent counselling. It is in the area of supply that I have perhaps been found wanting.

It is very easy to assume that when a drug is confidently requested by name, then that drug is being properly used. But it requires little active questioning of all such requests to realise how wrong you can be, and in the past two weeks I have dramatically changed my attitude.

I am not advocating putting every patient through the third degree, but a few gentle questions like "have you taken these before?" or "are you on other medication?" can quickly lead to a fair assessment of whether intervention is necessary or whether the requested purchase is reasonable.

I have been amazed how much more counselling I have been involved in since starting this exercise, and despite my anger over some of the excesses of the *agent provocateur* approach of the media in general there is very rarely smoke without fire.

We all possess the knowledge to deliver the service we ourselves have long advocated, but proper supervision now needs to be seen to be done. If we are too proud to correct such a small error in professional practice, then we cannot reasonably object to the ever more strident criticisms that we will inevitably receive.

## Waxing indignant over weight loss

Ten-minute bills are a useful method of drawing Parliament's attention to important issues which have failed to be addressed by current legislation.

Alice Mahon has introduced just such a bill to the House of Commons in order to highlight the public exploitation that is presently occurring in the slimming industry (*C&D* July 9 p37).

It is a fact that many products are promoted with impunity as miracles for the weight-conscious when the only weight loss that will ever occur is in their wallet.

It is scandalous that not only are these products promoted to a gullible consumer but also that the charlatan perpetrators of these frauds are so easily able to escape with their ill-gotten gains.

It must be in the interests of the legitimate slimming industry to co-operate with any proposed legislation so that it does not become tarred with the same brush. Therefore I do not understand the criticism levied in the House by Michael Fabricant.

This particular bill realistically stands no chance of becoming law, but I consider that the National Pharmaceutical Association and the Royal Pharmaceutical Society of Great Britain should both, as part of their parliamentary lobbying procedures, now seek the adoption by an MP, high up in the private members' draw, of a comprehensive bill which has a realistic chance of success in the next session, and will at long last control the rogue elements of the slimming industry.

## Industry Overview

### Open all hours

The NHS reforms have given community pharmacy an excellent opportunity to be a major part of primary care. For patients to have greater involvement in their own health, primary care needs to satisfy several criteria.

Access to services is vital. We do not choose when or where we are going to be ill, so the pharmacy should be geographically easy to get to and it should be open, as well as offering appropriate health services.

Customers go where it is convenient, be that an out-of-town shopping complex or a high street. For a sick person, there is no logic in going to see their GP in one place, travelling several miles for a prescription, and then being referred elsewhere for a diagnostic test. How much better to have a one-stop shop for health. This could be at the shopping centre or local health centre, or even at the growing number of community hospitals.

Healthcare should be easily available, so present shop hours are not necessarily in the interest of the patient. 'Eight till late', seven days a week, with local emergency procedures for out-of-hours cover would give possibly 50 per cent more time for patients. People do not want to leave work to get help. They like to get it at either end of the day.

A greater range of services, especially advice, could also be incorporated in these suggested expansions. The community pharmacist could be a true alternative to the GP in many situations.

What are the problems and the benefits? Independent pharmacists seem opposed to co-operation and changes to the *status quo*. Combining the services of two or more pharmacies would allow greater flexibility, staffing, access to markets, economies of scale and, most of all, would benefit patients. The aggregation of practices has been beneficial to GPs, vets and dentists, and pharmacy chains are healthier than independents. Partnerships can work well, whereas competition can be very destructive.

If the premises are also in a more convenient location and open longer, these patient benefits will be enhanced and pharmacy will prosper.

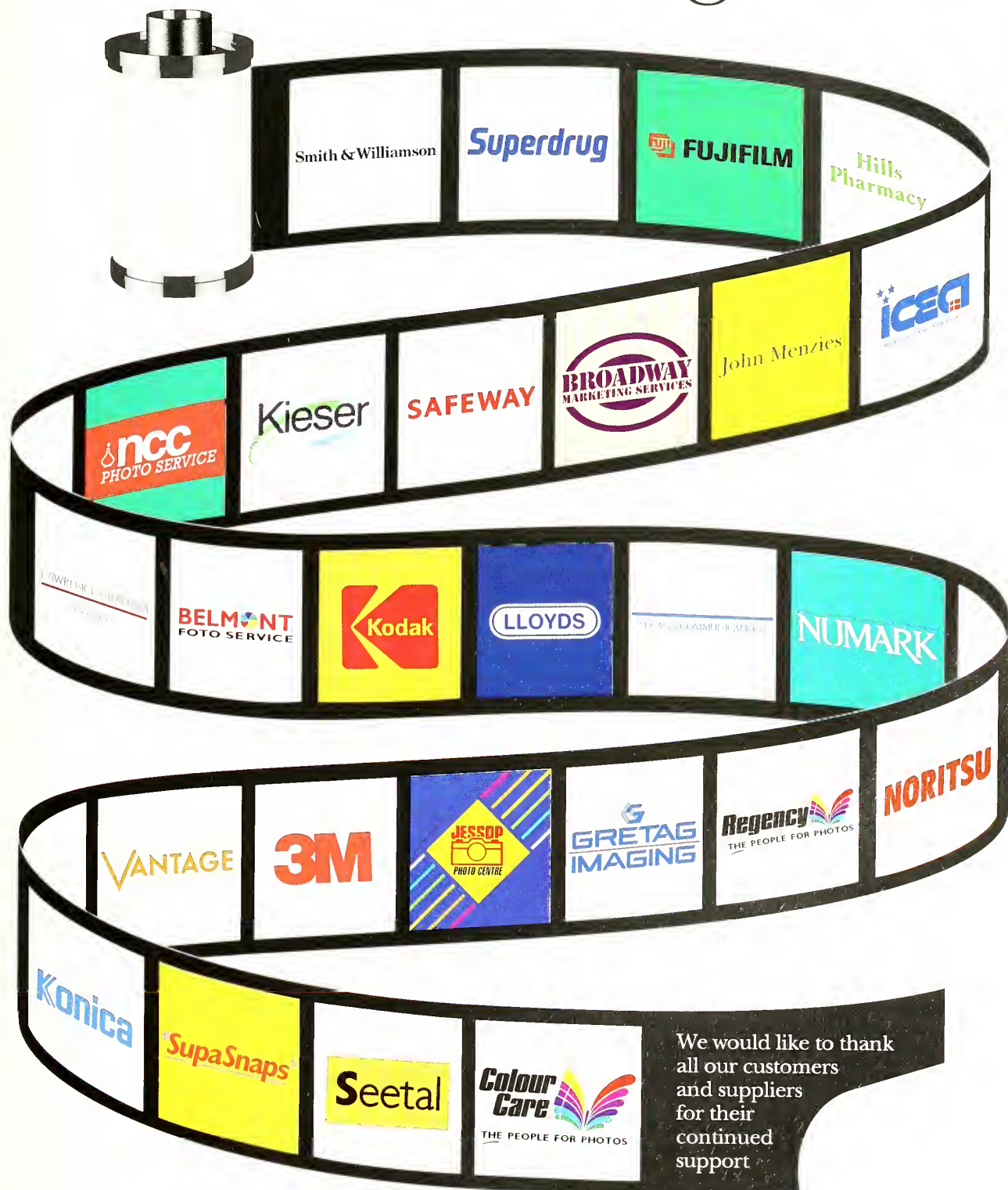
Communities need healthy pharmacy. To re-site, combine and join with other primary healthcare services may be costly, radical and against traditional thinking. Commercially, the benefits will accrue very quickly. Practically, the patient will receive a better service, oriented to their needs.

*Written by a spokesman for an ethical medicines manufacturer.*

# Topical REFLECTIONS



# there are no negatives...





# SETON'S INVESTMENT IN ASILONE IS ABOUT TO PAY DIVIDENDS FOR YOU



Asilone is the latest addition to Seton Healthcare's impressive portfolio of growing pharmacy brands.

At Seton Healthcare, we are firmly committed to actively supporting Asilone by supporting you, the pharmacist, and maintaining a minimum P.O.R. of 33%.

Our winning long term strategy will combine consumer promotion and effective pharmacy support programmes.

So, if you want to ensure that this major investment by Seton Healthcare pays dividends for you, talk to your Seton representative - and ask about special deals available now.

 **Seton  
Healthcare Group plc**  
Asilone is a Trade Mark of Seton

TUBITON HOUSE, OLDHAM OL1 3HS, ENGLAND.  
TELEPHONE: 061-652 2222.



# Scriptspecials

## Juvela gets the biscuit

Scientific Hospital Supplies has added two biscuit varieties to its Juvela Gluten-free range.

Gluten-free Digestives and Tea Biscuits come in packs of 18 (£1.69) and outers of six, although pharmacists can order smaller quantities from wholesalers. Both products can be supplied on prescription, along

with the rest of the Juvela range.

Pharmacists who want to obtain samples for patients are asked to contact the Juvela advice line (tel: 051 228 1992). A guide to prescribable, gluten-free products, sample leaflets, Juvela newsletters and recipe cards are also available. **Scientific Hospital Supplies. Tel: 051 228 1992.**

### Medical Matters

## Complementary medicines have a role in cancer

Complementary therapies can offer some patients with cancer psychological benefits and are used by many cancer patients receiving conventional treatment.

Doctors and nurses should be familiar with the popular complementary therapies to help patients make an informed choice and to minimise any risk linked to these therapies. This was the main conclusion of a study with over 400 patients reported in this week's *British Medical Journal*, which assessed the proportion of patients using these therapies and their satisfaction with them.

Just under a fifth of patients reported using complementary therapies in addition to their conventional cancer treatment. The most popular were healing, relaxation, visualisation, homoeopathy, diet, vitamins and herbalism.

Users were generally less satisfied with conventional treatments

because of the severity of side-effects and the lack of hope of a cure. They tended to be younger, of higher social class and female.

Therapies were mostly used for an anticipated anti-tumour effect. Patients using such therapies reported feeling much calmer, optimistic, better able to cope with their illness and more hopeful about the future.

The concern identified in the study related to dietary therapies which were, for the most part, expensive, impractical and unpleasant. In some patients they led to extreme weight loss.

Clinicians are advised not to underestimate the value of a hopeful attitude in managing cancer patients. Hope is an important issue for oncology patients and "if it is not imparted by conventional practitioners, some patients may seek it from complementary therapies".

## Do children grow out of childhood asthma?

Asthma researchers in Australia have reached different conclusions about the outcome of childhood asthma. The two prospective studies of similar populations have been published in the latest *British Medical Journal*.

Oswald *et al* report on a prospective 28-year follow-up of children aged seven who suffered from wheezing and asthma. They concluded that many children do not grow out of asthma, and the more troublesome their asthma is, the less likely they are to do so. Just over a third of subjects who had childhood wheezy bronchitis still had asthmatic symptoms when they reached the age of 35.

In contrast, a 25-year prospective study by Jenkins *et al* concluded that children with asthma reported by their parents

were more likely than not to be free of symptoms as adults. They found the patients who had more severe asthma, were female, or had parents who had asthma, were at an increased risk of having asthma as an adult.

An analysis of both studies by Professor Malcolm Sears in a *BMJ* editorial concluded that the findings of the two studies were consistent. Two-thirds of children will grow out of the disease, especially those with mild asthma. The third with more severe asthma will have persistent symptoms in later life.

In his opinion, the identification of risk factors for persistence means the "challenge now is to determine whether managing these 'at risk' children more intensively alters their outcome".



## Co-danthrusate suspension

Evans Medical has extended the Normax range with a peppermint-flavoured suspension of the laxative co-danthrusate (danthron and docusate).

Danthron is a mild peristaltic stimulant, acting on the lower bowel to encourage normal bowel movement without causing irritation. Docusate sodium is a softening agent which prevents excessive colonic dehydration and hardening of stools.

Co-danthrusate suspension is indicated for the relief of constipation in geriatric patients, analgesic-induced constipation in terminally-ill patients and

constipation in cardiac failure and coronary thrombosis, conditions where defaecation must be free from strain.

Each 5ml of the orange-yellow suspension contains 50mg danthron and 60mg docusate sodium. The recommended adult and elderly patient dosage is 5ml to 15ml at bedtime. Children aged 6-12 years can be given a 5ml dose at bedtime.

As with other laxatives, prolonged use of the product is not recommended. The basic NHS price of a 200ml bottle is £6.40. **Evans Medical Ltd. Tel: 0372 364032.**

### Flamrase SR tablets

Flamrase SR is a new branded generic from Berk. Each sustained release tablet contains 100mg diclofenac. The basic NHS price for 28 blister-packed tablets is £18.12. **Berk Pharmaceuticals. Tel: 0532 380099.**

### Minihep 10 packs

The 50 packs of Minihep and Minihep Calcium syringes are being discontinued. Packs of 10 x 0.2ml of both Minihep and Minihep Calcium syringes will still be available. **Leo Laboratories Ltd. Tel: 0844 347333.**

### Calcijex injection

Calcijex (calcitriol injection) is a new hospital product from Abbott Laboratories, indicated for the management of hypocalcaemia in patients undergoing dialysis for chronic renal failure. It is available in 1ml ampoules each containing either 1mcg (25, £142.75) or 2mcg (25, £285.50) calcitriol. The

optimal dose of Calcijex is determined according to the patient's response. Calcijex interacts with magnesium-containing antacids, cardiac glycosides, barbiturates, anticonvulsants and corticosteroids. **Abbott Laboratories Ltd. Tel: 0628 773355.**

### Alupent 100-pack

The 112-tablet pack of Alupent is being replaced by a blister pack of 100 tablets. The price will stay the same pro rata, giving a basic NHS price of £3.80 for 100 tablets. **Boehringer Ingelheim Ltd. Tel: 0344 424600.**

### Azactam Vials

The caps on Azactam Vials 500mg, 1g and 2g are changing from uncoloured to the following with immediate effect: Azactam 500mg, green; Azactam 1g, red; and Azactam 2g, blue. **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 081 572 7422.**



# Counterpoints

## Kiddiwinks baby care is born

Lewis Woolf Griptight (LWG) will launch the Kiddiwinks range of baby care products in August with an investment of £250,000 in advertising and PR.

The company has updated its corporate logo and brand image and expanded its existing key lines to suit the needs of today's mums and babies.

Kiddiwinks, "a brand born out of research", includes 34 products, six of which, the company claims, have unique features in the baby care market. Catering for babies and toddlers up to four years old, the range includes bottles, teats, soothers, feeding accessories and toys with

prices between £0.79 and £6.75.

The profit margin for pharmacies on Kiddiwinks is around 33 per cent. A display stand with one pack of each line is available at £254.25 from LWG.

The products with unique features include a two-handled cup with a screw-on top; a cooling teether ring; a variable flow cup; a silicone head spoon; and a two-part feeding bowl with a water compartment to keep food warm; and a suction base.

The on-product and packaging designs are in bold pastels and primary colours and carry the Kiddiwinks' characters and animals for a unisex 'cute

and cuddly' image.

The packs carry instructions in English, German, French and Spanish for a Pan-European appeal and are made to British and European design standards.

Kiddiwinks is a result of a new marketing strategy and an 18-month research programme costing £75,000. **Lewis Woolf Griptight Ltd. Tel: 0386 553386.**



## Milupa introduces organic Natural Choice for babies

Milupa is introducing a range of organic babyfoods for infants aged three to four months. Called Natural Choice, the four products will be positioned separately from Milupa's other babyfoods.

Mirroring healthy eating trends in adult foods, Natural Choice uses organic cereals and has no added sugar or milk.

Natural Choice is made up using the baby's usual milk or previously boiled water.

The four varieties are Pure Baby Rice (from

three months), Wheaty Breakfast Cereal, Country Harvest Breakfast and Honeyed Semolina Pudding, which is slightly sweetened with honey (all from four months).

All varieties come in 150g packs which retail at £1.63. For the trade the product is packed in shrink-wraps of six.

A press advertising campaign for the new range will break in selected mother and baby titles and the women's press in September.

The brand will also be

supported by sampling to new mothers through Milupa's direct marketing programme. In-store display material is also available.

The babyfood market was worth £121 million last year. Milupa's sterling share through pharmacies was 30 per cent (source AC Nielsen).

Independent and multiple pharmacies (other than Boots) take a diminishing 15.3 per cent share of the babyfood market. **Milupa Ltd. Tel: 081 573 9966.**



## New-look Elastoplast

Smith & Nephew is revamping Elastoplast.

The original pre-cuts and strips, and new cushioned plasters are now in portrait-style boxes, giving increased on-shelf volume — freeing up an

average 20 per cent of shelf space per pack.

The box has an improved tamper-evident fastening and the original colours have been brightened enabling them

to better catch the eye.

Elastoplast's market share currently stands at 51.7 per cent. **Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.**

## New ad strategy for Cow & Gate

The biggest player in the UK babyfoods market, Cow & Gate, is taking a radical new approach to its advertising.

Opting for a corporate stance, the company's new TV campaign highlights company values rather than products (though specific products do feature in the press ads).

The £1.5 million campaign breaks August 8

nationwide and runs until October. Shot in black and white, it asks questions such as "Who knows babies like no one else?". It ends with a simple shot of a cow and a gate with a superimposed red ampersand. No words are spoken and the entire ad is set to music, an instrumental rendition of 'Nothing Compares To You'.

The press ads, currently running in *Practical Parenting*, *Mother & Baby* and *Parents*, follow the same theme — but focus on Pure Baby Rice, Olvarit Baby Meals and Step-Up.

• The company has also just launched a newsletter for the trade to keep it up to date with the latest developments. **Cow & Gate Nutricia Ltd. Tel: 0225 768381.**







# ONE PROBLEM THREE SOLUTIONS!



## THE PROBLEM

Diarrhoea affects people differently. So each sufferer needs to be treated in an individual way.

## THE SOLUTION

Diocalm is the only brand that has a full range of treatment

## THE ACTION

Powerful POS material and National Pharmacy Education Programme.



# £1m

## Support Package

Stock now to meet your customers needs!

# Diocalm

Effective relief from diarrhoea to suit your individual needs.

**SB** SmithKline Beecham  
Consumer Healthcare

**Diocalm Ultra** Product Information. Presentation: Opaque brown and turquoise capsule containing 2 mg loperamide. Use: Treatment of acute diarrhoea. Dosage and administration: Adults, children 12 years and over: 2 capsules initially, followed by 1 capsule after every further diarrhoea episode, maximum 8 capsules in 24 hours. If symptoms persist for more than 24 hours, a doctor should be consulted. Children under 12: not recommended. Contraindications: None stated. Precautions: Do not exceed the stated dose. Diocalm Ultra is for symptomatic relief only and is not a substitute for rehydration therapy. Adverse reactions: Skin reactions, incl. urticaria have been reported. Product licence number: 0079/0288. Retail price: Capsule (6's) £2.49, 12's £4.26. Legal category: P. **Diocalm Dual Action** Product Information. Presentation: Brown flat bevelled edge tablet engraved with '8'. Use: Relief of acute diarrhoea and associated pain and discomfort. Dosage and administration: Adults, children 12 years and over: 2 tablets. Children 6 to under 12 years: 1 tablet. Chew tablets and swallow with water. Take 1 dose every 2 to 4 hours as required up to a maximum of 6 doses in 24 hours. If symptoms persist for more than 48 hours, a doctor should be consulted. Children under 6: not recommended. Contraindications: Impaired renal function. Precautions: Do not exceed the stated dose. As well as taking Diocalm tablets, it is important to replace body fluids lost during diarrhoea. Adverse reactions: None stated. Product licence number: 0079/0219. Retail price: Tablets (20's) £2.43 (40's) £3.96. Legal category: P. **Diocalm Replenish** Product Information. Presentation: Sachet of white powder with an odour of orange, containing anhydrous glucose 4.0g sodium chloride 0.35g, sodium citrate 0.59g, potassium chloride 0.30g. Also contains saccharin. Use: To prevent and correct dehydration, by replacing fluid and electrolytes lost during diarrhoea. Dosage and administration: Adults, children 12 years and over: 1 or 2 sachets after each bowel movement. Children 6 to under 12: 1 sachet after each bowel movement up to a maximum of 9 sachets in any 24 hours. It is important to use the correct amount of water. Dissolve contents of each sachet in 200 ml before treatment. Begin treatment as soon as possible after diarrhoea starts. Stop treatment when diarrhoea stops. If symptoms persist for more than 48 hours, a doctor should be consulted. Children under 1 year: not recommended. Contraindications: None stated. Precautions: Unused solution should be thrown away after one hour, unless kept in a refrigerator, when it may be used for up to 24 hours. Adverse reactions: None stated. Product licence number: 0079/0278. Retail price: Sachets (5's) £1.88. Legal category: P. Date of preparation: 17th June 1994.



## Bristows relaunch

Wella is relaunching its Bristows hairspray brand, which the company claims is currently the number three bestseller with independents.

New Bristows combines a livery of deep pink packaging with a coloured inset to highlight each variant, targeting consumers aged 35-55.

There are four varieties: natural hold (coded purple), conditioned hold (gold), extra firm hold (turquoise) and ultra hold (blue), retailing at £1.15 for 200ml and £1.59 for 300ml. **Wella Great Britain. Tel: 0256 20202.**



## The new essence of Potter & Moore

Hot on the heels of Yardley's Aromatherapy bath range comes Potter & Moore with its Essence of the Plant line of natural bath and shower products.

This range moves away from the floral/essential oil bias of many of today's natural ranges towards herbs and spices. The company claims the natural sector is growing at twice the market rate of general bath products.

Essence of the Plant comprises six products in two fragrances. All formulae are made with remineralised water for skin softening benefits.

The two fragrances are Botanical Herbs (a herbal bouquet of rosemary, muguet and juniper) and Aromatic Spices (soft and spicy with cinnamon and sweet vanilla).

The product line comprises: Bath Essence (£2.95, 250ml), Bath Flakes (£3.95, 350g), Refreshing Shower Gel (£2.95, 200ml), Exfoliating Scrub Bar (£2.95, 100g), Cleansing Bar (£1.25, 100g) and Body Balm (£2.95, 250ml).

Packaging is stylish with plastic bottles and screw tops which mimic etched glass stoppers. Each product is also tied with individual gift tags.

Trade support for the launch includes special

introductory parcels and offers.

• There are two gift presentations for Christmas. Nest Basket (£5.99) is a woven basket containing foaming bath essence (100ml), exfoliating scrub bar

(100g) and pumice stone, plus a body balm (100ml). Luxury Combo (£5.99) is wrapped in transparent packaging and contains foaming bath essence (250ml) and body balm (250ml). **Potter & Moore. Tel: 0733 281000.**



## US nails dig into UK

Nailene, the brand leader in the US artificial nails market, is launching into the UK through FDD International.

The nail range is available in two styles: Petite, designed to complement smaller hands and Classic. Both styles are available in action and medium lengths and can be either oval or square.

There are seven products in the range: Nail

Kits (£3.50 which come complete with Ultra Quick Nail Glue and a special nail file pad), 2'n'1 Acrylic Nail Kit (£6.95), Fast 'n' Easy Artificial Nail Remover (£4.95), Ultra Quick Nail Glue (£2), Hypo Allergenic Nail Glue (£2) and Perfectouch Glue Pen (£2.95). A refill pack is available for the nail kit, retailing at £2.50. **FDD International Ltd. Tel: 0344 890974.**

## Thera-med opaque

A white opaque variant is the latest addition to the Thera-med range of 2 in 1 toothpaste and mouthwash.

Designed to appeal to older consumers who crave the traditional toothpaste appearance, Thera-med Strong Mint works in the same manner as the gel formulations.

The launch is being supported by a trade and consumer press campaign. **Henkel Cosmetics. Tel: 081 804 3343.**

## Balancing oily skin

Balancing Act is a new foundation from Max Factor which contains oil-absorbing powders and oil-free moisturising microspheres for women with combination skin.

Research undertaken for Max Factor revealed that more than 40 per cent of UK women who wear foundation claim to have combination skin.

The oil-free formulation means that it will help absorb facial oil. It is fragrance-free and hypoallergenic, as well as being clinically and dermatologically tested.

Available from October, it comes in five shades and retails at £4.99 for 35ml.

**Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 081 231 8674.**

## Medised plans

Seton Healthcare is supporting its recently acquired Medised brand with mother and baby press advertising and health visitor/practice nurse promotions, and not as stated in last week's C&D. **Seton Healthcare. Tel: 061 652 2222.**

## Impulse guide

Elida Gibbs is publishing a fragrance guide for consumers, available to retailers, in an effort to encourage body spray sales.

It contains information on different scents and how they change the way people perceive one another. The company believes it will encourage consumers to experiment with fragrances with confidence. **Elida Gibbs. Tel: 071 486 1200.**

## NI distributor

Johnson Brothers of County Antrim is the new, exclusive distributor for Richards & Appleby in Northern Ireland. **Johnson Brothers. Tel: 0846 679121.**

## Alberto news

Following a successful test market in Boots, Alberto Culver is rolling out its Hair & Scalp Rejuvenator to independents. Priced at £1.49 for a 25g sachet, the product is a conditioning treatment containing scalp moisturisers. **Alberto Culver Co UK Ltd. Tel: 0256 57222.**

## Complan carers

Issue number four of the Complan Carers Cassette is out now. This edition of the audio newsletter looks at the benefits of aromatherapy and other complementary medicines, how to set up a carers group, benefits available to carers, and how to get out and about with The National Trust.

Copies are available free of charge to pharmacists and assistants to pass on to customers who are carers. **Write to: Chemist & Druggist/Complan Carers, Lyons Waddell, Villiers House, 41-47 The Strand, London WC2N 5QB.**

## Jiffi extends

Jiffi De Luxe Condoms is adding three new flavours to its range: lychee, cherry and coffee.

Their launch will be supported by a £500,000 press and poster campaign. **Sime Health (UK) Ltd. Tel: 071 403 1234.**

## Nurofen fashion

Crookes recently sponsored a final year student of St Martin's College of Art and Design, who took inspiration for his *avant garde* fashion collection from pain and pain relief!

Taking the strong Nurofen pack design, the collection was predominantly in grey hues interspersed with the bright Nurofen target logo which featured on T-shirts and pendants. The actual tablets were also an integral part of several of the garments. **Crookes Healthcare Ltd. Tel: 0602 507431.**

## Vantage promos

Vantage is appealing to expectant and new mums in

a national 'Mother & Child Chequebook' promotion. It is offering a free baby growth chart and a chance to win a 'bumper bag' of Vantage baby products.

The 'chequebook' is a booklet of special promotions, sent out by local health authorities to more than 300,000 women along with their baby record cards. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

## Dettol leaflet

Dettol has produced a new leaflet, 'Child Accidents in the Home: How to Avoid Them and What to Do if They Happen'.

The leaflet gives advice on how to keep children safe from dangers such as burns and scalds, falls, choking and poisoning, and provides courses of action should they happen. **The Dettol Care Network. Tel: 071 916 4111.**

## On the case

The Caboodles range of cosmetic organisers are now

available in more colours, including Macaw Blue, Sea Grape, Granite and Wildberry. **FDD International Ltd. Tel: 0344 890974.**

## New Fujichrome

Fujichrome Sensia, the new process-paid colour slide film, is now available in the UK and has already met with some very favourable reviews.

**Buying Cameras** magazine endorsed the product calling it "the best ISO 100 amateur colour slide film available".

• In a consumer report for *The Daily Telegraph* the Fujicolor Quicksnap Plus 3 camera scored a maximum five out of five. **Fuji Photo Film (UK) Ltd. Tel: 071 586 5900.**

## Arrid sponsor

Arrid Extra Dry is sponsoring 'Body Heat', the recently launched TV show which aims to find Britain's strongest man and woman. **Carter Wallace Ltd. Tel: 0303 850661.**





## WHEN THE LAST THING THEY NEED IS A TENSION HEADACHE THE FIRST THING THEY NEED IS PARACODOL®

Today, three out of four headaches are tension headaches. And women with young children are four times as likely to suffer than the rest of the population.

Stress can lead to the pain of a tension headache, pain which can increase stress and lead to greater pain. It's a vicious circle. But the paracetamol and codeine in Paracodol is tough on pain, working fast to get rid of the headache, and break that circle of pain.

Just as Paracodol works fast to get rid of a tension headache, the new

advertising will work fast to get your customers asking for it.

There has never been an analgesics campaign which has more impact or more selling power. It starts in July in women's magazines and continues into 1995. That's over six months of high-profile, high-frequency national support for the pharmacist from Paracodol.

So, make sure that being out of stock won't cause you a headache when customers ask for Paracodol.



PAIN CAN'T HIDE FROM

**PARACODOL®**

**ESSENTIAL INFORMATION** Each tablet/capsule contains: Paracetamol BP 500mg and Codeine Phosphate BP 8mg. Paracodol tablets contain the equivalent of 1.5g of Sodium Citrate BP. For the treatment of pain, including muscular and rheumatic pain, toothache, migraine, neuralgia, sore throat, period pain and discomfort associated with influenza, feverishness and feverish colds. **Dosage:** Dissolve tablets in water before taking. Adults: 1-2 tablets or capsules. If necessary, the dose may be repeated every 4-6 hours, with a maximum of 8 tablets or capsules in 24 hours. Children: 6-12 years: 1/2-1 tablet. Not more than 4 doses to be taken in 24 hours. Tablets are not recommended for children under 6 years, and capsules are not recommended for children under 12 years. Customers requiring tablets who are on a reduced sodium diet or who have renal or hepatic impairment should be referred to their doctor. **Legal Category:** P **Product licence holder:** Radiol Chemicals Ltd, PL 0339/0030, PL 0339/0035, PL 0339/0043. Date of last review 24th March 1994 **Pricing:** Soluble Tablets 10's: £1.30. 30's £3.32 60's £4.95 Capsules: 10's £1.25. 30's £3.13

Roche

FOR FURTHER INFORMATION, CONTACT ROCHE CONSUMER HEALTH,

PO BOX 8, WELWYN GARDEN CITY, HERTFORDSHIRE AL7 3AY, OR CALL 0707 366000

Paracodol® is a registered trademark



## Colgate kisses

Colgate's Bicarbonate of Soda Formula toothpaste hits TV screens again this week in a new campaign, part of the £3.2 million support package behind the brand.

The 40-second ad features a series of couples kissing in various locations and emphasises the "clean mouth feel".

Awareness will also be heightened by a 2 million sampling campaign.

Colgate-Palmolive Ltd.  
Tel: 0483 302222.

## Go white, naturally

Original Formula Natural White is the latest entrant into the burgeoning whitening toothpaste market.

Containing natural ingredients, it is said to remove stains without the use of harsh abrasives.

Available in three variants: Original Anti-Plaque, Tartar Control and Baking Soda, it retails at £3.99 for 100ml. **FDD International Ltd** Tel: 0344 890974.



## Razor sharp ladies

Wilkinson Sword has created a giant 6ft tall display unit in white and lavender for its Lady Protector razor.

When this design was

used for the men's razor, sales generated were eight times higher than stores selling off the standard fixture. **Wilkinson Sword Ltd.** Tel: 0494 533300.

## New soother savers

The Mam Soother Saver is now available in three new colours and designs, complete with co-ordinating clip designs of a turtle, an aeroplane

and a smiling face.

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BSkyB British Sky  
Broadcasting  
C Central  
CTV Channel Islands  
LWT London Weekend

C4 Channel 4  
U Ulster  
G Granada  
A Anglia  
CAR Carlton  
GMTV Breakfast  
Television

STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
M Meridian  
TT Tyne Tees  
W Westcountry

Anadin All Night:	All areas
Gillette Series:	All areas
Gillette Series (after shave condition)	All areas
Gliss Corimist:	C4, GMTV
Impulse:	C, A, HTV, W, M, LWT, CAR, C4, BSkyB, GMTV
Medinex	HTV
Mentadent Bicarb of Soda:	All areas except CTV, U, G, STV, Y
Nivea Sun:	All areas
Palmolive 2 in 1:	All areas
Ponds Performance:	All areas except CTV, U, G, STV, Y
Rap-eze:	All areas except CAR
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Sensor for Women	All areas
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EXPOPHARM is the key international pharmacy trade fair for all European pharmacists. Combined with the German Pharmacists' Congress and a programme of seminars, EXPOPHARM offers overseas visitors special support (International Meeting Point in hall 6). For further information about EXPOPHARM and how to get there, contact: **DAVID FRANKS & Co.**, PO.-Box 33, Moulton Newmarket, Suffolk, CB 8 8SH, England, Tel. 0638 - 75 11 32, Fax 0638 - 75 09 33



# EXPOPHARM'94

International Pharmaceutical Trade Fair, 20th-23rd October, 1994, Düsseldorf Trade Fair Centre, Germany



**PRODUCT INFORMATION** Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/v chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to both buccal and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, use mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only,

keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (PL0079/0311) 60 ml (OP) £3.08 'Corsodyl' Mouthwash (PL0079/0313) 300 ml (OP) £1.38 'Corsodyl' Mint Mouthwash (PL0079/0312) 300 ml (OP) £1.38 'Corsodyl' Gel (PL0079/0314) 50g (OP) £0.91 'Corsodyl' is a trademark. Legal Category P. Date of last revision June 1994.



As a pharmacist you know there's no better name than Corsodyl for the treatment of gingivitis. No more reassuring sight to the professional eye than the phrase '0.2% chlorhexidine', which appears on every bottle of Corsodyl Mouthwash.

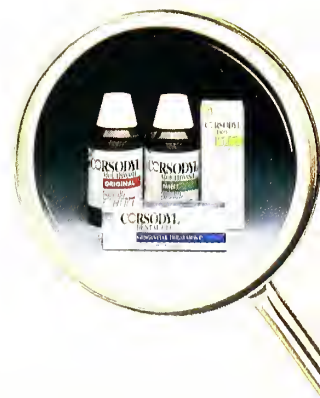
It's not surprising then that Corsodyl Mouthwash has your firm recommendation (for not only gingivitis but also gingival healing following surgery and mouth ulcers too). You would not want your customers to tackle oral infection without some serious healing power on their side.

# OK gingivitis you asked for it

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MEDICINE IT DESERVES**



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Consumer Healthcare



## Men's body line

Waymade has launched a new range of body sprays for men, following the successful roll-out of the women's line last year.

Called Réflexion Alternatif Pour Homme, the range interprets current favourites in the

men's fragrance market. There are six fragrances, retailing at £1.79 for 150ml.

The company currently has a summer offer on the women's line with a trade deal of six cans for the price of five. **Waymade plc. Tel: 0268 531111.**



## Brunel analgesics

Brunel Care has relaunched its analgesic range with new packaging designed to increase consumer appeal.

Products currently available include: Paracetamol tablets and capsules, 500mg; Paracetamol Plus tablets; Junior Paracetamol capsules; Paracetamol syrup; Aspirin tablets,

200mg; Dispersible Aspirin tablets, 300mg and 75mg; Ibuprofen tablets, 200mg; Analgesic Cream; Analgesic Spray; Co-proxamol; and Co-codamol.

Brunel says these products are also available for own-label opportunities. Terms to be negotiated. **Brunel Care. Tel: 0272 358853.**

## AAH moves into vitamins

AAH Pharmaceuticals' Family Health range is branching out into the vitamins and supplements market.

Products include Cod Liver Oil, Evening Primrose Oil, Halibut Fish Oil capsules, chewable vitamin A, C and D tablets for children and Folic Acid tablets. The range will feature more than 12 vitamins and supplements,

as well as several health foods.

The company is also to extend its Vantage range of vitamins to include vitamin B6, natural vitamin E, and the anti-oxidants A, C and E. • The company that makes Vantage's own-brand range of plasters, Laboratoires Uрго, was recently presented with a 1994 French Quality Award.

This follows just three years after the company won Department of Health certification for its products in Britain.

• Family Health Room Odour Neutralisers are currently on offer at 15 per cent discount until September 30. The 125ml aerosols feature a retail selling price of £1.20. **Vantage. Tel: 0928 717070.**

## New look for Mud Magik

Dead Sea Magik has been given a revamp to coincide with five extensions to the range.

The packaging has been redesigned, though using the same colours as before (blue and white), but with more on-pack information.

The five new products to be introduced over the next two months are: Mineral Shampoo and Conditioning Scalp Mud, Super Night Cream, Super Hand Cream and Medicated Skin Softener. **Kent Cosmetics Ltd. Tel: 0622 859898.**

## Braun Oral-B gets silky

Braun is offering pharmacy customers a 'Silky Bear' teddy free with purchases from the Oral-B D5 range of plaque removers.

The offer is only available through pharmacies when

consumers buy either the Braun Oral-B D5 Plus or D5 Personal Plaque Remover.

The teddy bear promotion will run until the end of September.

**Braun (UK) 0932 785611.**

## Going on Safari

Following the fashion for fragrance layering, Parfums Ralph Lauren is introducing The Safari Collection.

This comprises an oil-based gel Climate Response Body Shampoo, Climate Response Body Lotion (both 50ml), a

75ml eau de parfum spray and 4ml parfum.

Packaged in an elegant red box bound by a tasselled cord, The Safari Collection will be available from October 10 and will retail at £39.50. **Prestige & Collections Ltd. Tel: 081 979 6699.**

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1-7-94



# Pharmacy update

## Breathe easy with asthma devices

Diskhaler, turbohaler or a spacer device, Janie Sheridan gives the pros and cons **i**

## Feet first

A practical guide on how to treat unpleasant feet **iii**

## Research Digest

Steroid abuse and epilepsy therapy examined **vii**

# Breathing easy with asthma devices

Asthma kills 2,000 people each year in the UK, but it is estimated that 80 per cent of these deaths could be avoided. As such, it's vital that patients understand and comply with therapy. Janie Sheridan, lecturer in pharmacy practice at the School of Pharmacy, University of London, highlights the important role of asthma devices in helping keep the condition under control and outlines practice points that pharmacists should bear in mind when dispensing for asthmatic patients

Courtesy of the National Asthma Campaign



The incidence of asthma is on the increase and even with our understanding of the condition and drugs available for treatment, many people die needlessly from asthma attacks. Inflammation of the airways underlies the clinical symptoms of asthma, eg wheezing, dyspnoea, shallow, rapid breathing. It is a condition

which can start at any age, but has its highest incidence in children. It is thought that one in ten children may be suffering from asthma, although some authorities think this may be an underestimate.

A large number of drugs are available for the treatment of asthma and the British Thoracic Society (BTS) has recently

published new guidelines for the treatment of patients. These guidelines will aim to ensure that symptoms are abolished, lung function is restored or the best possible function achieved and that the risk of a severe attack is reduced. Results from the National Asthma Survey indicate that these goals are not yet being met and that 54 per

cent of patients are woken at night at least once a week with symptoms and that 79 per cent have their daily activities restricted by the condition.

Many factors may be responsible for this state of affairs, not least poor inhaler technique, poor patient

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understanding of the condition and treatment, and poor adherence.

The BTS guidelines, which are clearly stated in the British National Formulary, set out a rationale for drug choice in a stepwise fashion according to severity of symptoms.

However, all these drugs come in an array of forms, for both oral and inhaled administration.

To achieve the best outcome for the patient, the approach should be a team one, with doctors, pharmacists and asthma nurses working with the patient to consider the best and most appropriate treatment. Careful planning, counselling and monitoring of the patient's condition are all essential.

As experts on drugs, pharmacists are often called upon to comment and advise on the choice of drug, adverse drug reactions, contra-indications and drug interactions.

However, with asthma, it is not just a matter of advising on the choice of drug, but also on the choice of device. We should therefore be competent to give advice, not only on how to use the devices, but also on their advantages and disadvantages, relative costs, etc. In this article, the emphasis will be more on these devices and not on drug choice.

## Dry powder inhalers

Unlike the more common Metered Dose Inhalers (MDI), these inhaler devices do not contain gas propellants and rely on the inspiration of a dry powder, usually combined with a lactose carrier. The earliest form of DPI was the Intal Spinhaler which is used with Spincaps.

The drug plus the lactose carrier is contained in a gelatin capsule (Spincap) which must be pierced in the Spinhaler prior to inhalation. The Becotide and Ventolin Rotahalers work on the same principle.

After each use, the device has to be loaded with a new capsule and some drug may be lost during loading and piercing, and on inspiration not all the powder will be inhaled. Research has shown that children under 5 years may not be able to reach the inspiratory flow rates required.

In trials with patients unselected for poor technique, there were as many errors with DPIs as with MDIs and therefore choice of device may be patient-led as adherence and drug availability will be improved if the patient is happy with the device. However, the Rotahaler is more expensive than the corresponding MDI, whereas the Spinhaler is cheaper than the Intal Inhaler.

More recently, the Diskhaler from Allen & Hanbury's has been introduced to try and overcome the problems of drug stability in damp environments and the difficulty of loading the capsule into the device. The

drug, with a lactose carrier, is contained in a foil blister. To load the device, the blister must be pierced by lifting the hinged lid of the Diskhaler. The powder is then inhaled.

Patients have found the Diskhaler device difficult to use and have been known to puncture the blister after having used the device, so it is ready for the next time.

However, the powder will just fall out of the device and when next used, there will be no drug available! As with all the other devices, clear and careful counselling is needed.

The advantage of the Diskhaler is that the drug is protected from humidity and that coordination of breath and actuation is not needed. The same inspiratory flow is required as for the Rotahaler. Disadvantages include high cost in relation to the MDI and complexity of use.

Most recently, Astra have introduced the Turbohaler for all their inhaled drugs. The Turbohaler does not contain any lactose carrier and it is only the drug that is inhaled. It is a 'multi-dose inspiratory flow-driven inhaler'. The low inspiratory flow rate required to operate the Turbohaler can be achieved by most asthmatic adults and asthmatic children over 5, and even by some who are under this age.

The device is primed for use by twisting its body back and forth, and as it does not require co-ordination of actuation and inspiration, it is simple to use. In a study of patients with varying previous experience of inhalers, 58 per cent preferred the Turbohaler to an MDA, and in another study<sup>2</sup>, 75 per cent of children preferred the Turbohaler to a conventional DPI. Advantages of the Turbohaler are ease of use and lack of CFC propellant<sup>3</sup>. However, it is still relatively expensive.

## Metered dose inhalers

Of all the available devices, the MDIs are the most commonly prescribed by GPs. They comprise the drug, plus a propellant (usually a CFC), in a pressurised container. On actuation, the drug and propellant are released from the canister as a 'cloud', which is then inhaled by the patient. The majority is deposited in the oropharynx with only around 10 per cent of the drug being deposited in the lungs.

Although they are so widely prescribed, at first very few patients find them easy to use as obtaining a dose requires complicated co-ordination of actuation of inhaler with inspiration at a suitable rate, and the holding of breath for around ten seconds.

For patients whose lung function is severely impaired, or for those having a severe asthma attack, this is not an easy procedure. As a result of this, not enough drug will be delivered to the site of action. Another problem is that elderly or physically disabled patients

may not be able to actuate the device. The Haleraid produced by Allen & Hanbury makes this much easier.

The advantage of MDIs is that they are small and compact, multi-dose devices, which when used correctly are effective at delivering the dose to the site of action. Compared to other devices, they are also relatively cheap.

There are disadvantages, however, in that they may be difficult to use by certain patient groups and they rely on a minimum rate of inspiration which some asthmatics may find difficult to achieve, to be effective.

## Spacer devices

To improve systemic availability of the drug and to reduce oropharyngeal deposits, spacer devices may be used in conjunction with MDIs.

The BTS guidelines recommend their use in children under 5, for high doses of inhaled steroids and as an alternative to nebulisers in high-dose beta agonists. They slow down the rate of flow of particles, so that small, slowly moving particles are available for inspiration. They also hold the drug in the spacer ready for inspiration. This removes the need for co-ordinating breathing and actuation and for a minimum inspiratory inhalation rate.

Spacers are available with a one-way valve, eg Volumatic and Nebuhaler, or as a short open-topped spacer attached to the MDI, eg the Synchroner from Fisons.

Much debate has taken place about whether the larger spacers are interchangeable between different makes of MDI, and studies have shown that differences in particle size and propellant pressure will affect the amount of dose lost by deposition on the spacer walls<sup>4</sup>.

As doctors are under pressure to prescribe generically, there may be problems when using, for example, the Volumatic with a generic salbutamol inhaler, as the devices are not recommended together by the manufacturers and may not have been tested. Legal implications therefore exist for both the prescriber and the pharmacist.

The problem with large volume spacers is that they are cumbersome, and often embarrassing to use in public. However, their use should be encouraged where appropriate to maximise the benefits of the drug.

The new Synchroner from Fisons is attached to the MDI by a hinge, and produces a 10cm gap between the mouth and the inhaler, thus slowing down the rate of flow of drug and propellant. It has been shown, in tests, to increase lung deposits in both slow and fast inspirers (which cause problems in MDIs).

It is also a useful training device, as the 'cloud' is clearly visible from the top of the spacer if the inhaler is not being used correctly, and it has

been shown to improve technique.

## Breath actuated MDIs

As the name suggests, this type of inhaler releases the drug when the patient breathes in, with the canister being fired by a spring mechanism. Inspiratory flow rates required for this are easily achieved by asthmatics, including children. However, the inhaler does contain a CFC propellant, and patients may be frightened by the inhaler 'going off', when they breathe in. However, a study has shown it to be preferred to conventional MDIs and that it is easier to use. It is, however, much more expensive than an MDI.

## Practice points

To be able to advise and liaise with GPs and other healthcare professionals responsible for the treatment of patients with asthma, pharmacists need to not only be knowledgeable about the therapeutics, but also about the devices. A knowledge of the advantages and disadvantages of each type of device, their limitations, patient related problems and difficulties will be invaluable when working as part of a team.

The use of patient medication records to monitor the use of devices will enable problems to be spotted. For instance, frequent repeats of a salbutamol MDI may indicate that a patient has worsening asthma and may need referral for inhaled steroids, or it may be an indication that inhaler technique is poor and so the patient needs to use the inhaler more often to gain the benefits. It is important to remember that, while initial counselling on the use of devices is absolutely essential, patients should have follow-up counselling at regular intervals to prevent them from falling into 'bad habits'.

Patients may not be aware of the options for inhaled medication and may have never discussed any problems they have with their GP. Where patients are obviously having difficulties, a discussion and demonstration of other devices may be useful.

Asthma appears to be most common in children, and compliance may be very difficult in this group of patients. Counselling the parent or guardian and the child on the use of the inhaler may be very time consuming, but effective counselling may save time at a later date.

All the companies who manufacture inhaler devices have extremely helpful medication information services, and demonstration, placebo devices and training may be obtained from them.

## References

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2. Sacker M A, Silva G. *Chest* 1978; 73: 802-806
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# Feet first

**We tend to take our feet for granted, but all their hard work can lead to problems, as Trudy Thomas, part-time training officer at the NPA, local tutor for the Centre for Pharmacy Postgraduate education and community pharmacy locum, explains**

The foot is an amazing piece of design work, consisting of 26 small bones held in place by ligaments and muscles. This arrangement gives it the ability to cope with uneven surfaces when propelling the body forward in movement. It also serves as a stable base and shock absorber.

Despite being such a hard working part of the body (the average person walks about 70,000 miles, almost four times round the earth, in a lifetime), feet are neglected shamefully by most of us until, that is, they start to hurt. Many people will then visit the pharmacy for advice and treatment. Fortunately the majority of problems that affect the foot can be successfully treated over the counter.

## Callous corns

The skin has a largely protective role. When it is damaged, the basal layer of the skin proliferates to affect repair. However, friction and pressure, where there is no actual violation of the skin barrier, evoke similar mechanisms and lead to thickening of the epidermis. This hyperkeratinisation, if localised over a bony protuberance, results in a corn.

Over a wider area a callus is formed.

Corns appear as a thick round yellow mass and are painful on application of vertical pressure, due to the compression of the underlying nerves by the hardened skin. Soft corns, which form between the toes, appear white and rubbery, due to maceration of the skin by perspiration. A callus is a larger creamy-yellow mass often on the ball of the foot and the pain is described as a burning sensation.

Treatment of corns and calluses is essentially the same. Removal of the cause, frequently ill-fitting shoes, must be the first aim. Warm soaks, followed by gentle rubbing with a pumice stone or similar will help to reduce the thickening, while padding can provide protection and relief from pain. Keratolytics, most commonly salicylic acid, are popular, but need to be used with care.

Foot deformities and uneven gait predispose individuals to callus formation. In diabetics, neuropathy causes the toes to become retracted, making weight distribution uneven and so callosities are common.

Many elderly people suffer

Courtesy of Scholl

**Ill-fitting shoes can give rise to bunions**

from anhidrosis, where the amount of sweat produced is greatly reduced. The dry skin which results can often crack and calluses form easily. Emollient creams applied after immersion of the feet in warm water can help to keep the skin moist and prevent further deterioration.

Blisters are also a response to friction, where irritation leads to inflammation, increased blood flow and an accumulation of lymphatic fluid. Sunburn can result in blistered feet and customers buying sun protection creams should be advised to remember to apply them to the feet.

A fluid-filled bursa or bunion may arise if shoes rub against an outward projection of the joint at the base of the big toe. The joint abnormality is often due to the wearing of narrow pointed shoes with high heels, although inherited weaknesses in the joint do account for some cases. Bunions may need surgery or specially designed footwear and so referral is advised.

## Infections

Athlete's foot (*Tinea pedis*) is caused by a group of fungi known as dermatophytes. A frequent source of infection is the changing room floor in sports facilities. Wearing occlusive footwear and having sweaty feet also make an individual prone to fungal attack.

It is now known that the body eventually builds up resistance to the dermatophytes, but several episodes of the infection may occur before resistance is established.

The condition presents as an itchy rash which is peeling and inflamed. It is most often found between the toes, but other parts of the foot can be affected, including the nails.

The imidazole products are

## Patients at risk

**Diabetics** The combination of vascular disease and peripheral neuropathy means that patients with diabetes are particularly prone to foot problems. Loss of sensation in the foot can result in skin trauma going unnoticed.

Poor tissue circulation contributes to slow healing and increased risk of infection, with gangrene a real possibility.

Pharmacists can advise diabetics on how to care for their feet, emphasising the importance of preventative measures, but should never recommend treatment. Regardless of how minor the problem seems, all diabetics must be referred to the chiropodist or doctor.

**Elderly patients** Many elderly patients suffer from vascular insufficiency and will need specialist footcare. In particular keratolytic agents should never be sold for these individuals. Poor eyesight and reduced manual dexterity can also make DIY footcare hazardous for the elderly.

**Children** Verrucae are probably the most common problem encountered in children's feet. Care must be taken if treatment is carried out because of the nature of the chemicals involved. Children's feet which show signs of neglect need prompt attention. Foot problems which develop in childhood may go on to cause trouble in later life.

**Pregnant women** Podophyllum, used for the treatment of verrucae must be avoided in pregnant women, because systemic effects have occurred after topical application. Other treatments should be used with care and pharmacists may still wish to refer patients for specialist advice.



Athlete's foot is common among sporty types



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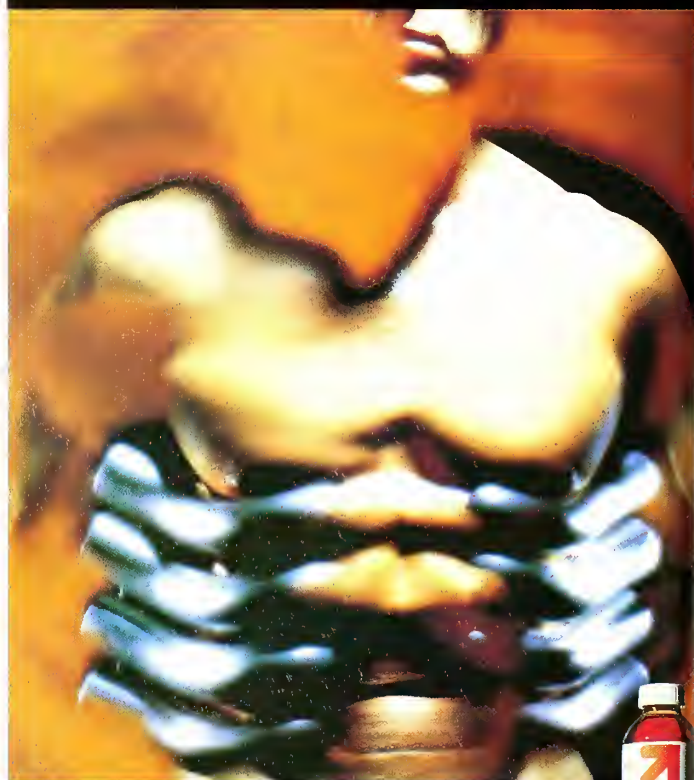
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Continued from piii

now generally recognised as being best for the treatment of athlete's foot, although the older antifungals (undecanoates, tolnaftate and Whitfield's ointment) are also effective. Salicylic and benzoic acids are frequently found in athlete's foot treatments and part of their action is due to their keratolytic effect.

It is important to counsel customers that topical products need to be applied to the healthy skin surrounding the area of visible infection to eradicate the as yet ungerminated spores. They should also be encouraged to continue using the preparation for at least a week after the rash has gone for the same reason.

Treatments exist as powders, creams, ointments, liquids and sprays. Which formulation is chosen is a matter of personal preference, but a popular combination is an ointment or cream applied to the skin and a powder used in the socks and shoes.

Hygiene measures need to be stressed to customers. Feet should be washed and dried carefully, morning and evening, before the treatment is used. Shoes and hosiery should be changed regularly and natural fibres are best as synthetics induce sweating. Socks and tights should be washed at as

#### Using steroids

It is important to consider that drugs may be contributing to foot problems.

The use of steroids may lead to skin thinning causing friction and pressure to have greater effect on the skin of the feet.

Blisters may be due to photosensitivity as a result of an adverse drug reaction. For example, some tetracyclines, some NSAIDs and amiodarone may react in this way.

Warts are common in patients receiving immuno-suppressant therapy and may prove virtually impossible to get rid of.

Sweaty feet are more likely in patients on thyroxine and also after drinking alcohol and excess tea or coffee.

hot a temperature as they will stand to eradicate spores.

### Verrucae

A verruca is a solid, small growth caused by the human papillomavirus, and is in effect a wart on the foot. It arises as a result of direct inoculation with the virus after trauma. A common source of infection being the changing room floor at the swimming baths.

The verruca will appear as a rough area with dark, thrombosed capillary ends forming black dots. Customers should be advised that this is not a root that requires removal.

Verrucae can occur singly or in groups, where they are referred to as mosaic verrucae. They are often extremely painful on walking and on application of lateral pressure, which helps to distinguish them from corns.

Immunity to the virus develops with age and consequently children and adolescents suffer most often. In the case of a child with a verruca, a decision needs to be made on whether to treat or not, as it can be painful and may be prolonged. An untreated verruca will resolve spontaneously, but may take anything from 6-12 months.

Treatment again utilises the keratolytics. Salicylic acid is probably the most effective. On application it encapsulates the verruca and delivers the acid at a slow rate and also hydrates the area, thus enhancing the keratolytic effect. Products containing formaldehyde, glutaraldehyde and bromine can cause sensitisation of the skin and their effects are unpredictable.

Before applying a product, the area should be washed and dried carefully and the verruca gently filed with a pumice stone or emery board. The healthy skin around the growth must be protected and white soft paraffin is useful for this. Padding is an important part of treatment and can relieve pain in most cases. Pharmacists should advise customers that treatment must be continued until the verruca has gone and for about a week afterwards and that this may take anything from 4-12 weeks. Any verrucae persisting after this time are

likely to need cryotherapy and should be referred to a chiropodist.

### Nail problems

Ingrowing toenail is a problem particularly common in adolescent males and is nearly always the result of cutting toenails incorrectly. An ingrowing toenail occurs when a splinter of nail pierces the skin at the side of the nail and leads to inflammation and pain, with infection often following.

Cases of ingrowing toenail need referral to the chiropodist for management, however, pharmacists can advise customers on how to prevent the condition by the correct cutting of the nails. Nails should be cut straight across, following the line of the toe. The edges can be gently smoothed with an emery board. Nails should not be cut to curve round nor should they be too short.

### Sweaty feet

Again, a common problem in adolescents. Some people simply produce too much sweat, leading to feet which are white and clammy to touch. Bacterial breakdown of the sweat often leads to malodour.

Good hygiene is the key to treatment. The feet should be washed daily and socks and hosiery changed frequently. Absorbent insoles can prove useful in reducing moisture and malodour. Occlusive footwear, such as trainers and wellingtons should be avoided.

### Chilblains

Chilblains are caused by cold-induced impairment of the skin circulation and are made worse by tight clothing. They arise when the cold part is rewarmed, causing rapid dilation of constricted arterioles and exudation of fluid into the tissues. The feet are a common site for chilblains, most especially in the elderly, although the number of people suffering these days is much reduced due to improved housing and clothing.

Someone suffering from chilblains will complain of itching, pain and redness with swelling. In severe cases the skin may ulcerate and these customers should be referred to their GPs.

Chilblains will usually resolve

A painful ingrowing toenail

themselves in 2-3 weeks, but many people will seek treatment for them. Vasodilators, such as nicotinic acid, are given orally, but should not be recommended OTC. Their effectiveness is doubtful, beyond evoking a sensation of warmth. The role of vitamin K is also uncertain and it should be avoided.

Some customers may find topical treatments which include counter-irritants, rubifacients and antipruritics helpful. Prevention is to be emphasised — customers should not wear restrictive footwear or allow feet to get too cold. If unavoidable, the feet should be warmed slowly.

#### Further reading

Harman, P J (Ed). (1990) *Handbook of Pharmacy Health Care: Diseases and Patient Advice*. Li Wan Po, A. (1982) *Non-Prescription Drugs*. Li Wan Po, A and Li Wan Po, G. (1992) *OTC Medications: Symptoms and Treatments of Common Illnesses*.

**Distance learning courses:** *Footcare: A Self Study Course for Pharmacists*. Available from Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training, Belfast. *Diabetes: A Distance Learning Pack for Community Pharmacists*. From The Centre for Pharmacy Postgraduate Education, Manchester.



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# Psychiatric effects of steroid abuse

Steroid abuse, even by amateur athletes, appears to be increasingly common despite the lack of objective evidence that such drugs enhance performance, and in spite of the risk of potentially serious adverse effects. The problem appears to be greater in the United States, where psychiatrists recently compared the medical and psychiatric status of users and non-users.

Athletes were recruited from four gyms on the East and West coasts where drug use was reputedly high. All underwent structured interviews and gave a sample of urine for analysis. The 88 current users came from a diverse background, from high school students to bodybuilders competing at national level.

The most widely used steroids were testosterone, nandrolone, oxymetholone and stanozolol, but veterinary and 'basement laboratory' drugs were also used. These were taken in two-week cycles or courses to coincide with a regime of training and competition, with duration of use ranging from one cycle to over seven years. It was usual to take more than one steroid at a time — some took as many as eight — but no other drugs were taken.

Compared with athletes who did not take steroids, users were heavier and had been training for longer. However, they were similar in their age, marital status, leanness and use of alcohol and tobacco. Medical complications included testicular atrophy and raised cholesterol levels (which normalised with discontinued use) and gynaecomastia, which persisted despite stopping steroids. Other adverse effects, such as hypertension, acne and oedema, were equally common in users and non-users.

Psychiatric complications included dose-related major disorders of mood in about a



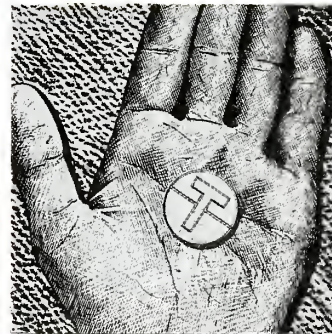
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quarter of users — including psychosis with paranoia and grandiose delusions in three cases — and aggression and violence. Several users had been thrown out of the home because of their behaviour.

Evidence of disturbed body image — a 'reverse anorexia nervosa', the authors say — was found exclusively among steroid users. They believed themselves to be small and weak even though they were large and muscular — to the

extent that they avoided being seen in public and wore baggy clothes to conceal their figure.

This study reveals a group with an unhealthy obsession with their appearance, a large proportion of whom present a risk to themselves and (considering their muscles) to others. On the evidence of this study, the psychiatric effects of steroids are more important than their acute medical effects. *Archives of General Psychiatry* 1994;51:375-82



## When to stop anti-epileptic agents in children

If there have been no seizures for two years, withdrawal of anti-epileptic drugs results in seizure recurrence in only 40 per cent of adults or children.

It is therefore important, bearing in mind the inherent risks, to review the need for treatment periodically. Is a long withdrawal period necessary to avoid recurrence, or can it be achieved quickly?

Children taking one or two drugs who had been seizure-free for two or four years were randomised to either a nine-month or six-week withdrawal programme. Most were taking barbiturate or phenytoin, with less than a third taking carbamazepine or valproate.

Seizures recurred in 43 per cent of children, and earlier, with the six-week regime, and in 36 per cent with the slow regime, but the difference was not statistically significant.

Recurrence was significantly less likely in children who had been seizure-free for four years.

Compliance with the withdrawal regime was not good: over a quarter of children did not start to reduce their

dosage at the correct time.

This study shows that treatment can be withdrawn relatively quickly without increasing the risk of seizure recurrence. This has obvious advantages for the people

concerned. Again, the most important factor in predicting recurrence is the duration of the seizure-free period — the longer the better.

*New England Journal of Medicine* 1994;330:1407-10

## Vegetarian diet for RA all in the mind?

A vegetarian diet has been shown in a single-blind, controlled trial to achieve subjective and objective improvements in people with rheumatoid arthritis (RA). But was this due to the diet or its impact on the people involved?

Comparing the trial subjects with other out-patients and in-patients with RA, the investigators now report that psychological factors probably explain much of the benefit attributed to diet.

They found that trial participants had less severe disease of shorter duration than other hospital patients. They perceived that they had greater control over their illness.

Diet-responders had less faith that conventional medicine would help them and more faith in alternative medicine. They had higher scores of psychological distress, which improved significantly more during the intervention. Food allergy was more common

among trial participants overall.

The investigators conclude that the original study recruited a selected patient population with characteristics likely to bias the outcome.

This doesn't mean that a vegetarian diet doesn't work — it clearly does, in suitable people — but that diet should be a supplement, not an alternative, to conventional treatment.

*British Journal of Rheumatology* 1994;33:569-75



# Transplants in suicide risks

Attempted suicide with paracetamol is the commonest cause of sudden liver failure. Until recently, people who were admitted too late to give the antidote *N*-acetylcysteine were at high risk of death after developing coma, impaired coagulation, metabolic acidosis and renal dysfunction.

Now there is an alternative: liver transplantation. But is this expensive and scarce resource effective, and should it be given to people who have already attempted suicide once?

Liver specialists in Birmingham reviewed the outcome of 92 patients with paracetamol poisoning referred to their unit between 1990 and 1992. After a median 19 hours since ingestion, they already showed

signs of severe toxicity. Those who presented at hospital late, with coma, or needing haemodialysis, were more likely to die. Of the 82 patients who did not have a transplant, 32 per cent died, due mainly to cerebral oedema or sepsis.

Seventeen patients were selected for transplantation according to the severity of poisoning: those with a history of repeated suicide attempts were excluded. Ten received a transplant 64-98 hours after the overdose. Of the seven who were judged suitable but not given a transplant, six died. Of the ten who did receive a transplant, only three died.

Follow-up of the survivors for 13-35 months has revealed no problems with psychological

rehabilitation and no further suicide attempts.

Some people argue that expensive procedures should not be offered to people who 'bring their illness on themselves' — as in the controversy surrounding cardiac surgery for smokers. Whatever the rights and wrongs of such cases, a single suicide attempt with paracetamol is often an impulsive act and the outcome is unforeseen.

Experience at this liver unit shows that, without a transplant, most people with very severe poisoning will die. When a compatible liver is available, mortality is reduced to one third and the long-term outcome is good.

*Gut* 1994;35:809-14

# Benefits of cognitive therapy in panic attack

The lay press has recently featured several articles on cognitive therapy, a psychological approach which attempts to correct inappropriate perceptions and ways of thinking.

Put simply, palpitations due to mild anxiety may be misconstrued as an impending heart attack, provoking worse anxiety and worse symptoms. Eventually the two reinforce one another and ultimately lead to abnormal behaviours such as a panic attack.

Cognitive therapy has proved successful but its efficacy compared with other interventions is unclear. Now, psychiatrists and psychologists in Oxford have reported a comparison with imipramine and relaxation therapy in the management of panic disorder.

Sixty-four people with panic attacks or agoraphobia of at least six months' duration, and experiencing at least three attacks in the previous week, were randomised to 12 weekly one-hour sessions of cognitive or relaxation therapy; or to imipramine (mean dose 233 mg/day) with half-hour weekly consultations.

All interventions were withdrawn after six months, with tapered withdrawal of imipramine. Half of the group was put on a three-month waiting list.

Comparisons with the waiting list showed that all three interventions were effective at three months. Cognitive therapy was significantly better than relaxation and imipramine, which did not differ.

By six months, patients taking imipramine had improved and were now as well as those given cognitive therapy. Relaxation therapy was still least effective.

At 15 months, symptoms in patients who had been taking imipramine began to deteriorate and cognitive therapy was again proving superior. Imipramine was now as effective as relaxation. Worse still, those initially treated with imipramine were significantly more likely to relapse and need additional treatment.

As predicted by theories of cognitive therapy, people who fared best in the long-term were those who best responded after six months — that is, their inappropriate thinking had been changed. The psychological approach is clearly preferable to achieve long-lasting change. *British Journal of Psychiatry* 1994;164:759-69

# Valproate and carbamazepine compared

Up to three-quarters of adults with epilepsy require only one drug to control their seizures. The choice is determined by the seizure type, but more than one drug is often suitable. There are few comparative clinical trials of older anti-epileptic agents, and neurologists depend on clinical experience to guide their choice.

Now, a collaborative group of specialists in the UK has reported a randomised comparison of sodium valproate and carbamazepine in 281 adults with newly diagnosed primary generalised or partial and secondary generalised seizures.

Treatment failure in the first six months occurred in 8 per cent of people taking valproate: 5 per cent due to adverse events and 3 per cent from poor seizure control. In those taking carbamazepine, 15 per cent withdrew because of adverse events and 2 per cent due to poor seizure control.

Significantly more people were still taking valproate than carbamazepine at six months (90 per cent v 75 per cent) but, over the next 30 months, treatment failures occurred in a further 19 per cent and 15 per cent respectively.

There were no significant differences in remission rates: 80 per cent of patients had been seizure-free for at least 12 months, and 60 per cent for 24 months, after three years' treatment. In fact, the probability of remission more closely correlated with the number of pre-treatment seizures.

However, valproate did offer some advantages. People taking valproate were significantly more likely to continue with it; it was more effective in the under-25s; and it was superior in patients with fewer pre-treatment seizures.

The overall prevalence of adverse events was 49 per cent with either drug, but this led to withdrawal of treatment in 9

per cent taking valproate and 18 per cent taking carbamazepine.

Although the differences were not significant, weight gain, tremor, alopecia and increased appetite were more common with valproate, while dizziness, headache and ataxia were more common with

carbamazepine. Only rash, occurring within the first three months and accounting for more than half of early withdrawals, was significantly more common with carbamazepine.

*Journal of Neurology, Neurosurgery and Neuropsychiatry* 1994;57:682-7

# Placebo and analgesia

Like it or not, we are all affected by the non-pharmacological aspects of treatment such as the attention shown to us, the environment in which care is provided, and our expectations of the outcome. All add up to a placebo effect which increases the response rate to analgesia and which, according to a recent review, is much greater than the often quoted figure of one-third.

Some studies have found that the placebo response rate can be as high as 60 per cent with medical treatment to relieve pain and 40 per cent after surgery, even in people with a chronic history of painful disorder. As with analgesics, the placebo effect has a clear peak onset and decline in effect; cumulative and carry-over effects have also been shown.

A dose response relationship also occurs — for example, two placebo capsules have been shown to be more effective than one, and larger capsules are better than smaller ones. Placebos even have adverse effects, particularly drowsiness, headache, insomnia, nausea, nervousness and constipation.

The placebo response in pain is influenced by many things, particularly the expectations of physicians and their patients. In one study, a GP randomised patients with symptoms but no abnormal signs to two groups. He gave one group a diagnosis, but reassured them they would soon be better. He told the others he didn't know what was wrong. After two weeks, 64 per cent of the first group

and 39 per cent of the second group said they had got better — a significant difference.

The mechanism of the placebo analgesic response is probably due to relief of anxiety and a reframing of how the problem created by illness is perceived. People are also conditioned by previous experience to expect that certain interventions will work, and this may explain how objective or physical improvement can occur.

However, evidence that a placebo may act by altering endorphin concentrations is contradictory. Whatever the mechanism, it is clearly in the patient's interest for carers to show concern and to have a positive attitude to treatment. *Journal of the American Medical Association* 1994;271:1609-14



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine



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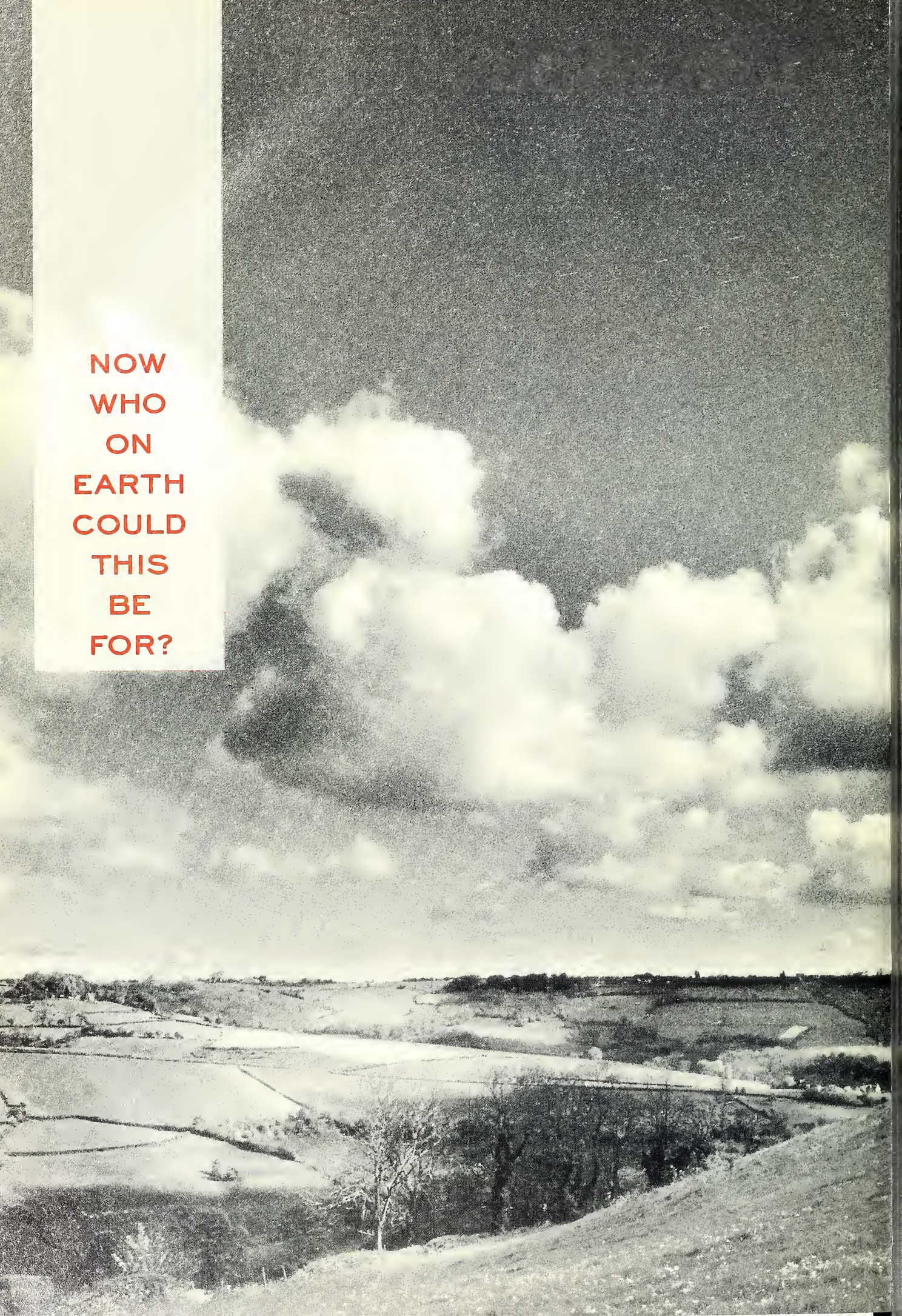
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Santo Products  
Sando Perfumes & Cosmetics Industry  
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Studen Manufacturing UK  
Summerbee Products  
Summit Retail Display  
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## The place to be on September 11-12

You can be fairly sure an exhibition is going well when the organiser is sufficiently relaxed to take a holiday in July, only weeks before the countdown to the final event.

Chemex '94 will be taking place once again at the Wembley Conference and Exhibition Centre on Sunday and Monday, September 11-12. The venue has proved popular in the past because of relatively easy access by road (via the M25, M4 and the North Circular) and rail.

There is free parking for up to 6,000 cars, and for those arriving by Underground, shuttle buses will be running from Wembley Park tube station.

Those requiring overnight accommodation should contact Res-o-Tel (tel: 081 542 6611) who will be offering special rates for those visiting the Exhibition.

Chemex '94 is being grouped into two specific areas. Chemex healthcare will cover OTC medicines, vitamins and supplements, and pharmacy computer systems, while Beauty '94 is dedicated to perfumery, haircare, toiletry and beauty products. Each sector has its own hall, enabling visitors to use their time in the best possible way.

Visitors seeking a wider perspective will be able to visit two associated exhibitions: 'Pulse in Practice' for GPs, practice managers and nurses; and 'Neighbourhood Retailing' for CTNs and grocers. For those seeking educational stimulation there is an extensive conference programme running alongside 'Pulse in Practice'. Full details will be published in C&D's Chemex preview.

If you have not yet received a free ticket to Chemex '94, contact the ticket hotline on 081 302 7215.

For further exhibition details contact Hugh Robinson, Chemex Exhibition Organiser, MGB Exhibitions Ltd, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET (tel: 081 302 8585, fax 081 302 7205).

# International appeal to Beauty '94

Did you know that Saudi Arabia enjoys the highest consumption per capita of perfumes in the world? Saudi adults each manage to splash on more than 1.5 litres of fragrance a year.

So when you hear that the Saudi Perfume & Cosmetics Industry is one of the exhibitors at this year's Beauty '94 — the cosmetics, perfumery and toiletry side of this year's Chemex exhibition — you can expect it to be a substantial operation.

In fact, the company had retail sales of close to \$100 million last year and has substantial exports to France, the US, Hong Kong and most Far and Middle Eastern countries.

The Saudi presence adds to the strong international flavour at Beauty '94. There will be six companies from Italy showing their wares at an Italian Trade Centre, while an Overseas Pavilion sees exhibitors from the US, Korea and Israel, as well as Arabia.

No such exhibition would be complete without a French presence. Two companies will definitely be there and 14 more are queuing to confirm attendance, reports Chemex organiser Hugh Robinson.

Twenty of the foreign firms will be coming to the UK for the first time, a fact that will not be lost on some of the more influential people in the beauty business — the buyers

from the major multiples and department stores.

The presence of influential buyers is a major attraction for exhibitors hoping to secure some lucrative 'big account' business. Among those who hope to visit Beauty '94 are buyers from Selfridges, Debenhams, House of Fraser, Boots, Superdrug, Fenwicks and Bentalis.

This all helps add to the buzz of the event. Beauty '94 is the only UK event of its type. A successful debut this year — and the auspices look good — will see it adding an extra dimension to Chemex. This can only benefit the pharmacy sector, towards which the main event is targeted.

## Unrivalled variety at Chemex '94

There's something to interest every pharmacy retailer at this year's Chemex exhibition. One of the great strengths of this type of event is the diverse companies from all corners of the pharmacy retail environment that are brought together under one roof.

It's worth a visit to see what you are missing if nothing else. An exclusive opportunity for retailers to window shop without any pressure to buy — unless they want to.

### A foretaste

There are many companies launching new lines and offering special Chemex incentives. For example, Ernest

Jackson is offering retailers a chance to sell away into the sunset. The new Throaties pastilles look will be unveiled along with a trade competition featuring a luxury P&O cruise for the winner.

Channel Business Systems is one of a number of computer suppliers at the show. Channel will be introducing a new service — free dispensary software — to run alongside their existing EPoS systems.

Meanwhile Hadley Hutt will be promoting a new software option which will allow the direct transfer of EPoS information to a book-keeping program.

The Pharmacy Practice



Research Centre will be promoting its 'Prescription Customer Needs' project pack to help community pharmacists do their own practice research.

Weleda will be extending its Body Therapy range with a Sport Balm for tired limbs. Additionally, there will be a Chemex promotion linking medicine and baby care products.

Bioconcepts will be launching new flavours of Bio-light and giving away free stock with this and its La Formule range.

Charwell is offering £40 of Migraleve free plus a free gift with a transfer order of six outers across its range.

Mavala will be offering a 10 per cent discount on all orders placed.

Pharmadass will be launching three new lines for its Healthaid range, plus offering 15 per cent discount on all orders placed over £100.

New dental lines will be on show from Grafton International. Tocola Dental Stain Eraser joins the stable.

Positive Solutions will be launching version 4.1 of its JRCpos software. The company claims to have doubled its user base since becoming independent last August.

Tisserand Aromatherapy is launching a capsule collection of limited edition Christmas gift sets along with several new products. All new customers will qualify for 10 per cent discount on any orders.

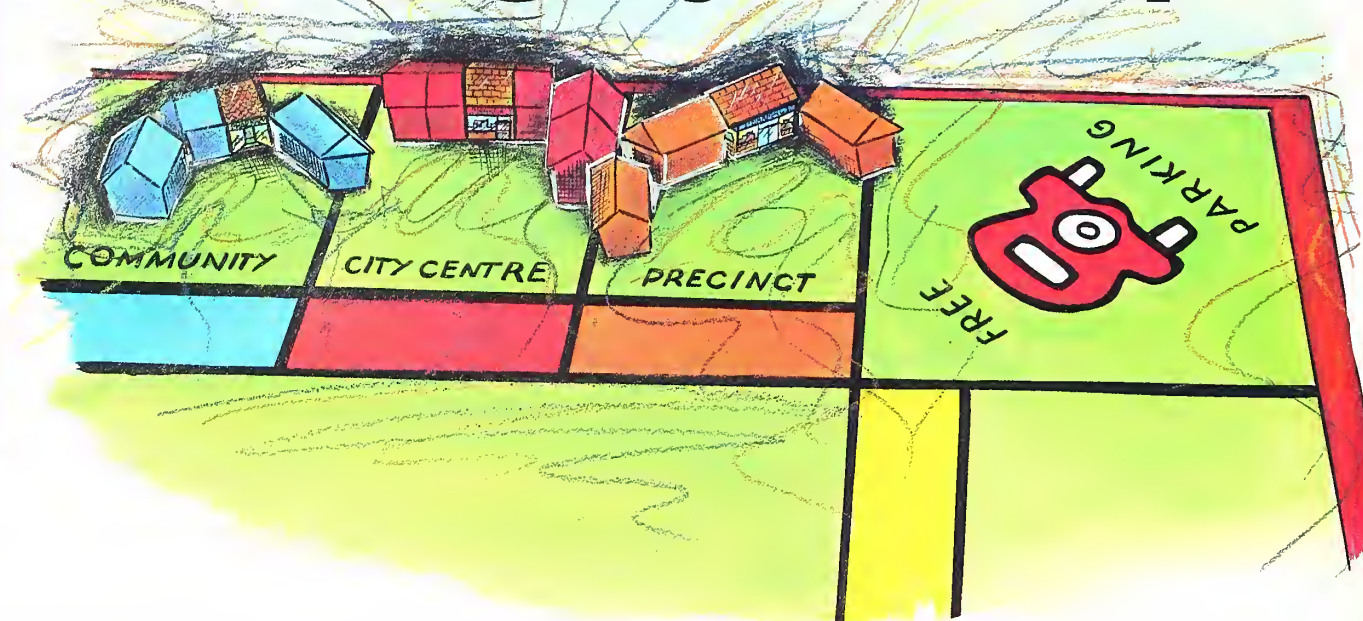
Chemex organiser Hugh Robinson says quite a few foreign exhibitors are looking for UK distributors or agents. Similarly there are a number of UK firms looking for distributors in the chemist sector.



Carey Lowell — the new face of Almay



# Learning by example



Gathering simple data, as shown in the first article (C&D May 7, p774), provides valuable pointers to the future direction of your retail business.

Information on your existing and potential customers, the type of retail business you have and opportunities that may exist are all useful, as is information about your competitors and the product groups they appear to be succeeding in. Your research will also provide a great deal of interesting but unimportant data. The nuggets have to be panned out of the grit.

The following examples are real community pharmacies, all with disappointing retail sales, where the proprietors were convinced more was available if they changed course.

## Precinct shopping

Shop one is in a large shopping precinct and is opposed by two multiple pharmacies, two drugstores, a health food shop and a grocery giant. Traffic flow is brisk, prescriptions are good and counter medicals satisfactory.

The 600 sq ft of retail area was full to the brim with conventional pharmacy merchandise and a strong own-label presence. Every major brand of toothpaste, deodorant, nappy, hair colorant, shampoo, etc was proudly displayed with a cut-price label.

The local population was pleased to use the pharmacy for medicines and prescriptions, but in a low-earnings, high-unemployment area, bought their toiletries at other outlets barely a minute away, where choice was greater and prices generally lower.

A high proportion of women (85 per cent) used the shop and 68 per cent of them were aged 20-45. Key information:

- Price was important and this shop could not compete with nearby multiples

## In the second of two articles showing how to assess your business, consultant John Kerry looks at what you can learn from carefully gathered market data

- Shop area was too small to provide adequate display and merchandising
- High proportion of young women with families
- No shop on the precinct offered up-market skin care and gifts.

This pharmacist, who had strived for years to compete with the multiples and had lost, rid his shop of fast-moving, cut-price, low-margin brands. He kept a very small stock of these, but filled the vacant space with high-margin products for the many younger women who patronised the shop.

Agency skin care ranges, cosmetics, fragrances, hair accessories, fashion accessories and gifts have become the major non-medical lines and very profitable they are, too. Baby care was not thrown out with the bath water and this section has been expanded successfully. Again the majority of his customers were young married women and this was an obvious tactic.

This pharmacy's turnover and profitability has increased substantially.

## Busy city centre

Shop two is tiny by comparison, is in a city centre, with virtually no resident population. Some 90 per cent of customers are shop and office workers. Dispensing and counter medical sales are modest.

This pharmacist, in an endeavour to boost sales, had cut all toiletry and baby care prices to the bone. As a consequence no other shop for a mile around could compete and because it was a city centre pharmacy, high-price fragrances were stocked. Baby care

products were virtually a waste of space, while fragrances only trickled out. Customers for the latter preferred the big department stores a stone's throw away. Key information:

- No community pharmacy presence or loyalty
- Customers were in a hurry
- Price was not important
- Far too small for fragrances
- There was a demand for a fast, budget photo D&P service.

This pharmacy had set its stall out as if it were a village or housing estate chemist shop. The customers and their demands were entirely different and the conventional route was wrong.

Prices are now the full rrp and volume sales have not been affected. Baby care has all but disappeared, while a very profitable photo bar has been added.

## Community first

Pharmacy three is on a new housing estate, with inexpensive, small but nicely appointed houses. All of them are privately owned. A nearby two-doctor surgery provides an adequate prescription and medicine business.

As suspected, the retail stock of this 400 sq ft shop is entirely conventional. Sales are on the low side, despite the fact that the shop is unopposed and the nearest town two miles away.

Clearly the make-up and demands of the population had been misread and research was necessary.

The pharmacist owner had not realised that his customer base was split into two well-defined groups and had therefore not attempted to cater for them. As a quarter of

his population worked, they would tend to shop only on Saturdays. This pharmacy was closed before they got home. Research revealed:

- 46 per cent of residents were young couples aged 18-30
- 40 per cent were aged 55 plus and retired couples with no children
- 21 per cent of young couples had a baby. If a second came along, they moved house.
- Most of the childless young couples were DINKs (double income no kids) — working all day and returning home after the shop had closed
- Shopping was a once a week, one-stop tradition for most.

This pharmacy now opens late to accommodate both the working couples and those patients with late scripts. The baby section was insignificant; full ranges of foods have been added and also baby sundries, toys and gifts. Young mums will appreciate this extra choice as will the large number of grandparents locally.

Toiletries have not been abandoned; there is a market for them in the area. Choice has been reduced and door to door leaflets used to promote cut price. But this is a community pharmacy first, with a superb potential market for health-care and allied products.

At the top of this list are the retired population and over 55s. Their demands for prescription products, dietary products, etc must be met and a good proportion of display space is now given over to these and dietetics, complementary medicines, incontinence products, aids for the handicapped and so on.

Likewise, the young mums with babies, who haven't got 'Mum' next door, need a lot of help. An assistant has been trained in infant nutrition and the pharmacist makes a special point of getting to know all of the new mums and offering helpful advice where required.



# 50% OTC

MARKET GROWTH *by the year 2000?*

COMPLETE  
market trends  
and forecasts for  
OTC MEDICINES

## NOW AVAILABLE! The Benn OTC Healthcare Market Report 1994

From the publishers of Chemist & Druggist, Community Pharmacy and Pharmacy Today, comes the definitive report on OTC healthcare, a growth market for the 1990's. The report comes as governments increasingly see self medication as an idea whose time has come while international drugs companies make strategic alliances to market OTC products.

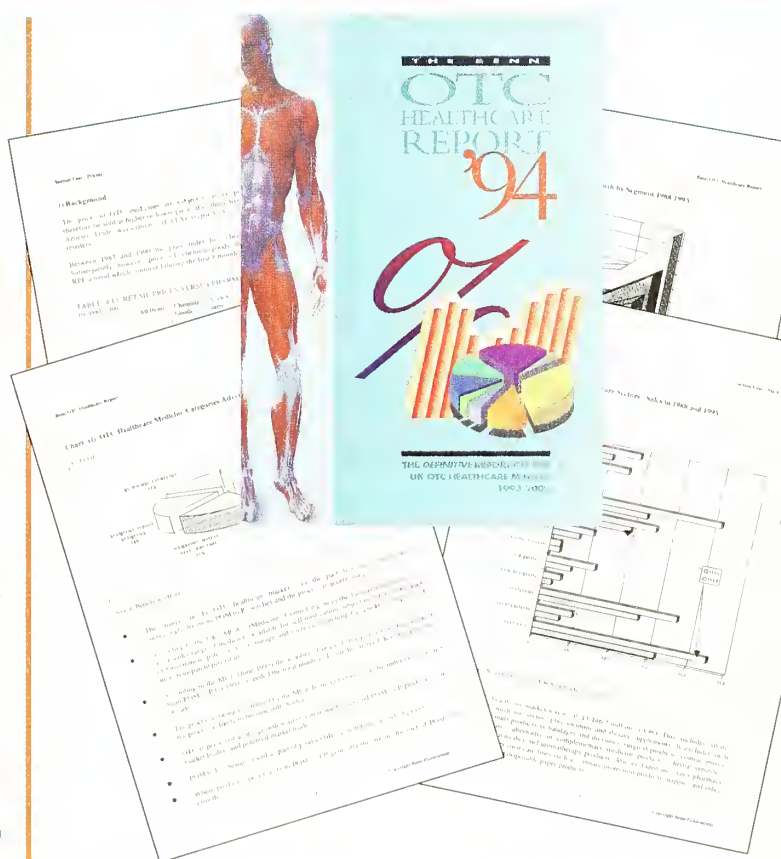
The total OTC medicines market in the UK was worth well over £4 billion in 1993. Key issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as the global giants compete for their share of OTC, the increasingly competitive retailing environment, the growth in market share of natural products and the impact of POM to P switches. The report is the essential marketing reference work for an industry facing the challenge of change.

## SPECIAL FEATURES

- POM to P products analysis
- European OTC background
- OTC healthcare price index analysis
- Market forecasts to the year 2000
- Company Profiles

## SECTORS COVERED

OTC: Cough /cold/sore throat remedies, decongestants, hay fever remedies, analgesics, topical analgesics, indigestion remedies, stomach remedies, laxatives, anti-diarrhoeals, travel sickness remedies, dedicated skincare, vitamins & dietary supplements, herbal and homeopathic remedies, aromatherapy, other OTC healthcare and personal care products



Please Invoice me for 1 copy of The Benn OTC Healthcare Report at the price of £375 and send me a copy: Tick Box ☐  
Or, Please send more details to: Tick Box ☐

Name

Company

Address

Postcode

Tel

Return To: Chemist & Druggist, Benn Publications Ltd,  
Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.  
Telephone: 0732 364422. Fax: 0732 367065.



## Wholesalers fight for larger bite of hospital supply cherry

Full-line pharmaceutical wholesalers say they could provide the NHS with a more efficient delivery service that would save it up to £200 million a year.

According to the British Association of Pharmaceutical Wholesalers, the existing structure is "inefficient and costly" and duplicates the infrastructure already in place.

There are already 65 full-line depots in the private sector and their operating costs to turnover ratios are more favourable — 5.8 per cent compared to 17.1 per cent with the present NHS system.

By following the private sector route, hospital pharmacies could hold lower stock levels and NHS regional stores could eventually be abolished, the report continues. Additionally, any written-off stock would be carried by the

wholesaler rather than by the NHS.

The BAPW's recommendations have been circulated to interested parties including the Health Minister and the NHS Supplies Authority, which oversees the current system.

Under the present arrangement, the NHSSA centrally negotiates price with manufacturers, something the BAPW wants to keep. Private sector wholesalers handle about 35 per cent of business, with the rest either delivered directly, held in hospital consortia stores, or

delivered to regional NHSSA stores. Deliveries are then taken to hospitals one to three times a week. This leads to overstocking, says the BAPW, and would be avoided in the private sector as its members are able to offer twice daily deliveries.

The Association is calling for a private sector trial that is independently audited, preferably by the National Audit Office.

A Taylor Nelson survey cited by the BAPW says that 70 per cent of hospital pharmacists are in favour of distribution through the private sector.

## Eli Lilly's managed care buy

Eli Lilly is the latest pharmaceutical company to sign up with a US managed care organisation. It will pay \$4 billion for the country's largest and fastest-growing pharmacy benefit manager (PBM), PCS Health Systems.

This deal effectively stops rumours that Glaxo would be buying out PCS's parent company, McKesson, outright.

It also means that Glaxo is one of the few major pharmaceutical players not yet linked to managed care companies. Smithkline Beecham was the latest to do so, with the acquisition of Diversified at the start of May.

PBMs act as middle-men between healthcare purchasers — eg employer healthcare schemes — and providers of services — eg pharmacies, GPs, etc. They generally draw up formularies for GPs to prescribe from and either community pharmacists or mail order pharmacies to dispense from.

PCS is forecast to handle over \$9bn worth of pharmaceuticals, or some 320 million scripts by March 1995. These would go to nearly 60m members, says Lilly.

"We believe that major international markets will embrace the PBM concept," says Randall Tobias, Lilly chairman and executive officer.

But the UK's National Pharmaceutical Association is unconvinced. According to its latest Board report, it sees no reason why mail order dispensing would take off in Britain in the foreseeable future.

Lilly has also agreed to develop a series of strategic alliances with the rest of McKesson's drug distribution business.

## Record year for MCA

The Medicines Control Agency received a record 1,612 product licence applications last year, a rise of 20 per cent on the previous year, and reduced the mean time for assessment of new drugs to 58 working days.

There has been an increase of 39 per cent in pharmaceutical companies reporting adverse drug reactions. These companies have also been issued with new guidelines on Safety Assessment of Marketed Medicines.

The MCA responded to 4,064 inquiries on drug safety, an increase of 62 per cent on last year. The drug safety bulletins for pharmacists and doctors were updated and renamed 'Current Problems in Pharmacovigilance'.

Maintaining manufacturing standards also kept the MCA busy with 164 enforcement cases processed (40 per cent increase), of which 20 were prosecuted.

Parallel import licence applications rose by 37 per cent and abridged licence applications by 41 per cent. Manufacturers' and wholesale dealers' licence applications rose by 24 per cent.

The MCA aims next year to inspect all licenced manufact-



Fisons has appointed Stuart Wallis as chief executive to fill the post left vacant after Cedric Scroggs was ousted last December (C&D December 18/25 1993, p1106). Mr Wallis, an executive director of Bowater with responsibility for its European and Health and Beauty packaging businesses, takes up his new job on September 1

urers at least once every 28 months and licenced wholesalers at least once every 53 months; to process manufacturers' and wholesalers' licence applications within 90 working days (75 per cent within 80 working days). It also plans to monitor all new medicines for at least two years and conduct risk-benefit reviews before removing them from surveillance.

An EC Directive, implemented with the MCA's input, has meant a new system of authorising marketing and registration of homeopathic medicines.

### Sara Lee award

Sara Lee Household & Personal Care UK has been given a Business Excellence (Class A) award.

### Eczema drug case

Phytopharm has won UK rights to Zemaphyte, a herbal treatment for eczema, which has yet to be granted a UK product licence.

### Plugged in

From February 1, 1995 most domestic electrical appliances made in, or imported into, the UK will have to have a correctly fused plug. Any products already in stock and without a plug will have to be sold by January 31, 1996.

### Security first

Checkpoint Systems has launched a security device which detects tags embedded in the product at manufacture. For details ring 0279 452233.

## New generics and sundries distributor for UK?

United Medical Enterprises, management specialist in the nursing homes and hospital sectors, is assessing the UK for opportunities in distribution to pharmacy.

Among the goods United might be thinking of distributing are generics, wound management products and sundries, including rubber gloves.

Although research is still at the exploratory stage, the company

has the backing of its parent, a Saudi-based concern with healthcare management contracts throughout the world.

London-based United already has a buying arm for its UK nursing home interests but, as yet, no retail pharmacy links.

It also has contracts with several UK health authorities for projects which include hospital ward re-organisations and management.



# Independent pharmacies score well on convenience

As many as 82 per cent of shoppers polled thought independent pharmacies came top of the list for convenience in research comparing them with Boots, Lloyds, Co-op and Superdrug outlets, according to the 'How Britain Shops for Health and Beauty' report from Verdict Research. It also compared shopping patterns and consumer profiles.

After convenience, customers

looked for choice, price, quality, service and shop layout/design (in descending order of importance) when shopping for health and beauty products. And that preference differed between customers.

Price was most important for Superdrug customers, choice for Boots' shoppers, although convenience rated highly for Lloyds, Co-op and independents.

Boots was most successful in

converting visits into purchases, with up to 90 per cent of shoppers buying something there.

Although most of the other retailers had similar conversion rates, their visiting and purchasing levels were much lower than Boots'. For example, whereas 50 per cent of respondents had visited Boots that month, 27 per cent had been to Superdrug, 9 per cent to Lloyds and 4 per cent to a Co-op pharmacy.

Consumer profiles varied, too. Although women are more likely to shop for health and beauty, this trend was particularly marked in Co-op pharmacies. Independents, however, attracted the highest proportion of men. Younger consumers were more likely to shop in Superdrug, while the over 65s favoured the Co-op. The latter was also more popular with the lower socio-economic groups.

The 57-page report costs £495 and is available by calling 071 404 5042.

## Advance information

**Management Forum's** two conferences at the Park Lane Hotel, London W1, on 'Quality of Prescribing in the NHS', **September 15**; and on 'Quality of Supply to the User', **September 16**. Tel: 0483 570099.

**BHK Communications** is holding a two-day conference on 'Gene Therapy — New Challenges for the Pharmaceutical Industry' on **September 15-16** at the Belmont House Hotel, University of Leicester; on **September 19-20** at the National Heart & Lung Inst, London SW3; and on **October 17-18** at the Churchgate Manor Hotel, Harlow. For details, tel: 071 637 4383.

# Cutting the phone bill

British Telecom customers can keep closer tabs on their phone bill by using a personal security code to access 0898 and 0338 numbers.

This will prevent employees running up bills by ringing 'chat lines' and other premium rated services, says BT.

From July 25, anyone wanting to dial these numbers will have to have their own personal PIN number, which will be issued free of charge to the person named on the phone bill.

Ring Freephone 0800 123898 for further details.

# OTC switch in Europe

The market for over the counter medicines in Europe is increasing at the cost of a decline in semi-ethical pharmaceuticals, according to a recent report from Frost & Sullivan.

This trend is a result of government cost-cutting policies and accelerated POM to P switches, says the report.

The OTC sector in 1993 was worth \$7.7 billion, with cough remedies the largest product sector at \$1.9bn, followed by analgesics and digestives. The market for semi-ethicals was \$5.4bn, with a predicted decline of 2-3 per cent every year.

Analgesics, indigestion remedies and anti-allergy medicines will be the main groups involved in the POM to P switch, the report continues.

The OTC analgesics market for western Europe is fragmented as each country has its own leading analgesic.

Ring 071 730 3438 for copies of the report.

## In the City

Pharmaceuticals have been basking in hazy sunshine. Although the sector has outperformed over the past month, sentiment remains patchy. Glaxo has seen a strong two-way pull with the bears gaining the upper hand on news that Eli Lilly had pipped the company to the post by clinching the \$4 billion takeover of PCS Health Systems, one of America's biggest medical benefit managers (see p98).

The move triggered a sharp fall in Glaxo shares because of fears that its long-term prospects will be hampered by a huge carve-up of the US healthcare industry. The worries come in the wake of growing speculation that Glaxo had incurred an estimated £100 million loss in the bond market earlier this year.

Smithkline Beecham has also come under sustained pressure after a mystery institutional investor off-loaded a block of 9 million shares in the market via Smith New Court, the City-based securities firm. The sale came just a week ahead of Smithkline's second-quarter and half-year results. Nomura Research is forecasting taxable profits to increase from £257-£280m for the quarter, but virtually all the growth is expected from currency gains.

The market is also bracing itself for ten-month results from Wellcome later this month. The company has changed its year-end from August to December and there is some uncertainty whether the figures will match City expectations. On a restated basis, Smith New Court is looking for a 13 per cent rise in underlying profits to £723m for calendar 1994.

The firm says that Wellcome faces greater competition in the anti-viral market with Zovirax expected to experience sales erosion from 1996. But Wellcome should be able to produce better long-term growth than the market, it says in a keynote circular published last week. Wellcome shares have been perked up by speculation of a takeover bid. Some US brokers believe that Wellcome Trust, which owns a controlling 40 per cent in the group, is willing to sell its entire stake. The brokers value the shares at up to 900p each, substantially above the current market price, but City analysts are sceptical about the bid.

Unichem has been helped by a recommendation from several brokers, but AAH Holdings has fallen sharply following a cautious trading statement that accompanied its full-year profits last month.

# Wallis changes hands

Luton-based generic manufacturer Wallis Laboratory has been sold to a management buy-in team of two after a year's negotiation with its previous owner, Laporte.

The new managing director, Jonathan Williams, was development director at Booker's health products division before parts were sold to Lloyds (Kingswood Chemists and Holl-

and & Barrett) and Ferrosan (Healthcraft supplements).

He is joined by John Jermaine, who is chairman and comes from outside the industry. Ex-managing director Denis Coward is now commercial director. Staff numbers are expected to stay the same.

The management buy-in was financed by venture capital from 3i and Natwest Ventures.

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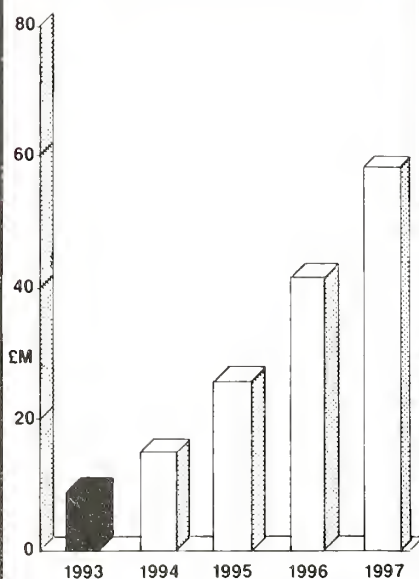
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For an application form and job description please contact: Lifespan Healthcare, Personnel Department, Chesterton Hospital, Union Lane, Cambridge CB4 1PT. Telephone (0223) 63415 ext. 383/4 or our answerphone on (0223) 359466 after 5pm and weekends.

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Telephone: Pharmacist Recruitment Direct Line 0827 713990 (daytime, evenings and weekends)

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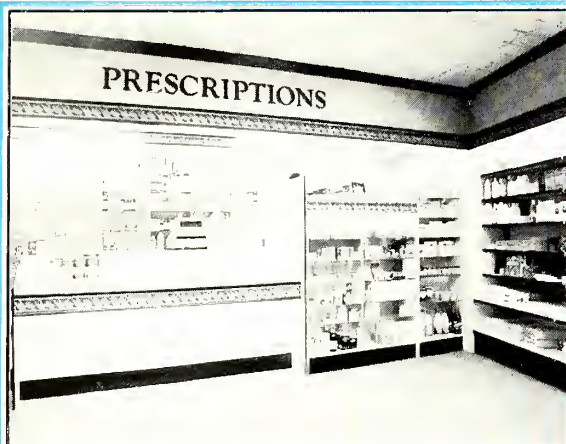
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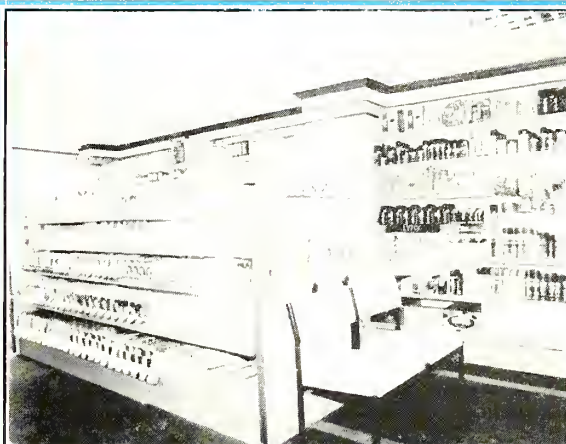


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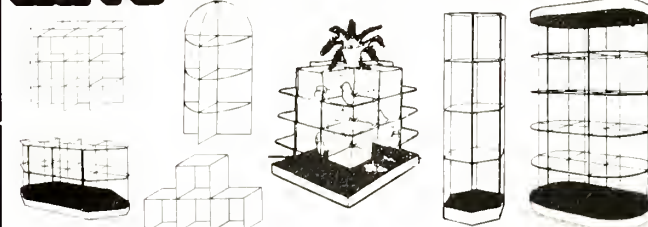
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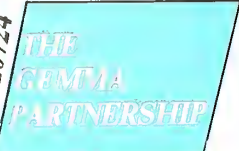
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# Businesslink

A FREE Service for Chemist & Druggist Subscribers

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**TRADE LESS 60%+VAT** - 12x10x100g  
Elemental 028 (exp 7/94 & 8/94). Tel:  
081-670 6863.

**TRADE LESS 30%+VAT** - Hexopal, Alu-  
caps, Orbenin, Feldene Melt 20mg, Feno-  
pron 300 + 600, Steel hypo needles  
26x1/2x30, Farlital, Flexin 75mg, Droge-  
nil. Tel: 0923 825753.

**TRADE LESS 30%** - Zestril 5mg, Tagamet  
200mg, Hollister 7413, Hollister 7765,  
Alu-cap caps, Betnovate ointment 100g,  
Betnovate cream 10g, Largactil 100ml,  
Motipress tabs. Tel: 071-485 2159.

**TRADE LESS 60%** - Polydine soap 14p per  
bar, 20,000 bars. Tel: 0533 769500.

**TRADE LESS 20%+VAT** - 3x300ml Benor-  
al susp, 2x28 Celestol tabs 200mg, 100  
tabs Dexamethasone 2mg, 2x30 Feospan  
spans, 23x2 Picolax sachets, 42 Questran  
sachets. Tel: 0769 580221.

**TRADE LESS 30%** - Adizem SR caps  
120mg, 2x5ml Depixol conc 100mg/ml  
(exp 10/94), Diamox SR 250mg (exp  
10/96), 10ml Becotide susp 50mcg/ml  
(exp 8/95), Lipotriad caps (exp 10/96),  
1x100 Rynacrom cartridges (exp 8/95)  
1x50ml Sandimmun solution 100mg/ml  
(exp 3/95), 2x100 Benemid 500mg (exp  
10/95). Tel: 0533 359120.

**HOLLISTER 7168** - Stoma bags, offer-  
s+postage. Tel: 0983 822289.

**TRADE LESS 50%+VAT+POSTAGE** -  
200 Retrovir 250mg caps (exp 10/94),  
trade less 25%+vat+postage 70 Metrodin  
high purity 75iu injection (exp 10/95),  
15x20ml Ventolin resp solution (exp 4/  
96), 2x500ml Balmindol oil (exp 7/94),  
9x10 Actisorb plus 19x10.5cm (exp 12/  
97). Tel: 081-894 5034.

**TRADE LESS 30%+VAT+POSTAGE** -  
Bard Uriplan leg bags D5L 15x10, Simpla  
trident leg bags 750ml short tube 370809

6x10, Bard cath 14ch/10ml ref DT22644x2,  
Silastic cath 20ch 30mlx2. Tel: 0594  
822131.

**TRADE LESS 40%** - Surgicare S247, S100,  
S105, Varidase combipack (exp 10/94),  
trade less 25% Lamictal 100mg, 50mg,  
25mg. Tel: 0623 643801.

**TRADE LESS 50%+VAT** - Convatec ost-  
omy pouches S872, Suprefact spray. Tel:  
081-573 8160.

**TRADE LESS 50%+VAT+POSTAGE** -  
Biotrol integrale bags 34-84040mm, box  
Coloplast 5745 2 boxes, Coloplast 7213 1  
box, Comfeel sheets 3215 4 boxes. Tel:  
0705 581475.

**TRADE LESS 40%+VAT+POSTAGE** -  
7x20 Seel-a-Peel 10cm2, 2x30 Aquadry  
freedom SM 786268, 7 Hollister medical  
adhesive, trade less 30%+vat+postage 1  
Loceryl nail lacquer, 94 Provera 100mg,

67 Buspar 10mg, 1x30 Megace 160mg,  
Tel: 0642 247382.

**TRADE LESS 30%+VAT+POSTAGE** -  
2x30 Coloplast bags closed opaque 8830  
pc30000, 10 Simpla trident leg bags  
350ml short tube, 10 ST leg bags 750ml  
long tube. Tel: 0924 290351.

**TRADE LESS 50%+POSTAGE** - Ele-  
mental 028 unflavoured 50x100g sachets  
(exp 10&11/95). Tel: 0472 356789.

**TRADE LESS 50%** - Stromba tabs Pk100  
(exp 7/94) Trisiderm nitro 10 (exp 3/95),  
Deponit 5 (exp 7/94). Tel: 0582 21760.

**TRADE LESS 30%+VAT** - 100 Baratal  
25mg tabs (exp 10/94). Tel: 0332 345906.

**VARIDASE TOPICAL** - Combi pack 5g,  
pads 125000x10. Tel: 091-373 0255.

**TRADE LESS 20%** - 192 Tertroxin 20mg  
tabs, 86 Cyprostat 50mg tabs. Tel: 0582  
421240.

### EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of  
medicines they supply. In purchasing from sources other than  
manufacturers or licensed wholesalers, they must satisfy themselves  
about product history, conditions of storage and so on.



## STOCK FOR SALE

### medielite plc & BRAUN JULY SPECIALS

	NORMAL	SPECIAL	
BRAGC S5 STYLE N GO TONG	12.75	6.75	47% OFF
BRAGC S70 STYLE N GO COMBI	15.70	11.50	26% OFF
BRAGCC4 INDEPENDENT BRUSH	12.70	8.76	31% OFF
BRAGCC50 INDEPENDENT COMBI	14.25	10.24	28% OFF
BRAPX1200 SILENCO 1200W DRYER	9.25	6.75	27% OFF
BRATD1250 TRAVEL 1250W DRYER	12.15	9.45	22% OFF
BRADIFF TD1250 TRAVEL + DIFFUSER	14.29	11.47	19% OFF
BRADIFF PX1200 DRYER + DIFFUSER	12.15	10.15	16% OFF
BRA278 1HR RECH/MAINS SHAVER	28.55	23.62	17% OFF
BRA2020 MAINS DUAL VOLT SHAVER	21.50	18.22	15% OFF
BRA2540/2530 1HR RECH/MAINS SHV	35.65	30.37	15% OFF
BRAACTRECH ACTIONLINE RECH SHV	42.80	33.74	21% OFF
BRALE3SD LADY FLEGANCE 3 SHAVER	14.25	12.15	15% OFF
BRAUN SILKEPIII	28.55	20.75	27% OFF

Prices are Nett after settlement  
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Goods subject to availability

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Surplus Coloured Glass Bottles and Jars Wanted.  
Black Glass Jars. Drug Jars — Blue or Green.  
Blue Castor Oils. Coloured Soda Syphons  
"Admiralty" Square Blue Poisons. Spare Stoppers  
Common Blue "Not to be taken" Poisons — All shapes.  
Mixed Assortments of Surplus Bottles as above

Contact: Eric Padfield,  
18 Mulberry Gardens, Sherborne, Dorset.  
Tel: 0935 816073 Fax: 0935 814181

## TO ADVERTISE IN CHEMIST & DRUGGIST CLASSIFIED SECTION

Contact Caroline Greenwood on  
**0732 377322**

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available.  
Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

Postcode .....

Personal RPSGB Registration number .....

Telephone number .....

Proposed advertisement copy (maximum 30 words)

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# Aboutpeople

## New Beauty Editor for C&D

Liz Jones has joined the *Chemist & Druggist* team as Assistant Editor, with responsibility for beauty coverage.

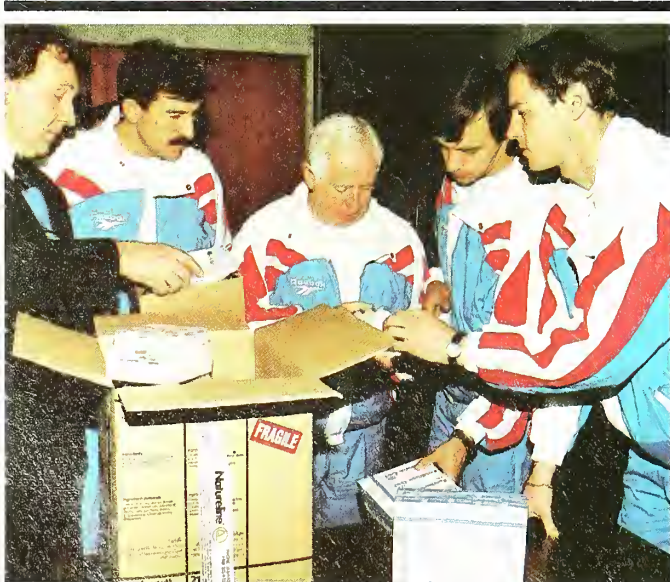
She moves from *Soap, Perfumery & Cosmetics*, a monthly trade title for the beauty industry, where she was editor for almost three years. Prior to that she worked as editor on the fortnightly newsletter, *Cosmetics International*.



As winner of a recent Medinex competition, Miss S Karim from Kingsway Pharmacy, East Ham in London, is off for a relaxing day out with a friend at a local health centre. Handing over the prize is Annette D'Abreo (left), trade marketing manager at Whitehall, and retail sales manager Robert Salmond

## New face on Welsh Exec

Mid-Glamorgan FHSA's pharmaceutical adviser Andrew Burr is a new face on the Welsh Executive. The election results put Terence Turner top of the poll, with Carwen Howells and Robert Gartside also being elected. There were 576 voting papers counted.



The Russian football team has not had its best ever World Cup, but during its short appearance it was certainly not without medical supplies, thanks to medical kits supplied by AAH Pharmaceuticals. The kits were presented to team members in Moscow before their departure for the USA by Richard Mulcahy, managing director of Natureline Ltd, a Dublin-based export agency which is part of the AAH group

## Fiery nappies

Disposable nappies were recently the source of fiery business at David Baker's pharmacy in Bridlington, Yorkshire.

The early morning sun shone through some carboys in the pharmacy window, which acted like a lens, focusing the rays onto some disposable nappies which formed part of the window display.

A passerby notified the fire brigade as the nappies began to smoulder.

Mr Baker says: "The first I knew was when I got a call from the police to say there was smoke in the shop. It was all before 9 o'clock."

Fortunately, little damage was done. "The fire brigade did more damage as they had to get in before I got there," says Mr Baker.



Michelle Hann of Leaks Chemist, Durham, is the latest student to complete the National Pharmaceutical Association's assistants' training course and win the Marion Merrell Dow student of the month award. She is seen here in the pharmacy receiving a framed course certificate from NPA chairman Gordon Bullous (right). A £20 gift voucher was presented by Marion Merrell Dow representative Frank Pocock

## Appointments

Louise Thornton joins James Dudley Management as head of research and strategic analysis. The company is among the leaders in strategic marketing in consumer healthcare in Europe. Ms Thornton, who joins from Napp Laboratories, will have key responsibility for developing the 'Self-medication in Europe' series of strategic studies.

Colourcare, recently subject to a management buyout from the London International Group, has confirmed its new management team. Frank Brennan is chief executive officer; Martin Price is the operations director; David Searle becomes finance director; Jim Brown is commercial director; and Peter Skerrow sales director.



£3m promotional spend, including TV and national press



DUCT INFORMATION  
**entation:** Colourless gel  
 lavender fragrance con-  
 g ketoprofen BP 2.5% w/w.  
**ations:** Relief of pain and  
 inflammation associated with  
 ache, muscular and  
 nematic pain, sprains, strains  
 sports injuries.  
**ge:** Apply a thin layer  
 to the affected area three  
 a day for up to 7 days.  
 the gel is applied it should  
 bbed in well  
**ly:** As above.  
**ren:** Not to be applied to  
 en under 12 years of age.  
**raindications:** Patients  
 hypersensitivity to ketopro-  
 fen, aspirin or other  
 teroidal anti-inflammatory  
 s, patients suffering from  
 th a history of bronchial  
 na or allergic disease,  
 ative dermatoses, eczema,  
 and infected skin lesions  
 open skin.  
**utions:** Oruvail Gel should  
 e applied to mucous  
 branes or eyes, or used with  
 sive dressings. Caution in  
 nts with severe renal impair-  
 . Should a skin rash occur  
 gel application, cease treat-  
 . Treatment should not  
 ue for longer than 7 days.  
 nptoms persist consult  
 or. Keep gel away from  
 d flames.  
**in Pregnancy and**  
**ation:** Only when  
 nbed by a physician - see  
 sheet.  
**erse Reactions:** Skin  
 ons, including pruritus and  
 sed erythema  
**I Status:** 30g Packs P  
**il Selling Price:** £3.95  
 (VAT).  
**uct Licence Number:**  
 243.  
**uct Licence Holder:**  
 and Baker Ltd, Dagenham,  
 07XS  
**ibutor and further infor-**  
**on available from:**  
 e Poulenc Rorer, St  
 ards Road, Eastbourne,  
 3YG.  
**of Preparation:** July 1993  
**ences**  
 mist & Druggist, February  
 at data Inform NMRA,  
 Chemist excluding Boots,  
 eekly audits on 5th March  
 onnet, J.C. *et al* Rheumatol  
 I. Suppl. 11-14, 1976  
 on file

That's what Rhône-Poulenc Rorer are putting behind Oruvail Gel. For you. Because Oruvail Gel, in 30g tubes, is available only in pharmacies.

At just over £1 per tube sold<sup>1</sup>, profit margins are high. And so has been the response from the market-place – the last TV campaign generated a 25% sterling share of the topical NSAID market for Oruvail Gel.<sup>2</sup>

Oruvail Gel contains ketoprofen, which is extremely potent in inhibiting the synthesis of the prostaglandins that cause pain<sup>3</sup>. Furthermore,

Oruvail Gel has been shown to be clinically superior to piroxicam gel in soft tissue injuries<sup>4</sup>.

Oruvail Gel - real business with serious support.



**Oruvail<sup>®</sup>gel**  
 Ketoprofen

The key to deep down relief is the ketoprofen



See the evidence for your shelf.

Recent Counterpoint data<sup>1</sup> shows that **Gaviscon** is the UK's no.1 self-selected heartburn treatment in pharmacy.

Which is not surprising when you consider the relief that Gaviscon brings to 4 out of 5 of your heartburn customers.<sup>2,3,4</sup>

But you don't have to take our word for it.

Simply place Gaviscon on self-select display and see a convincing demonstration of the evidence for your shelf.

**GAVISCON**

**Keeps acid where it works  
not where it hurts**

**Product Information - Active Ingredients:** Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph Eur 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph Eur 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children under 12: Not recommended. Chew tablets thoroughly

before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. O Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.67, 200ml £2.99. Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £2.09. **Product Licence No:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Lemon Flavour Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dawson Lane, Hull HU 7DS. GAVISCON and the sword and circle symbol are registered trademarks. **Date of preparation:** 23/6/94. **References:** 1 Taylor Nelson Counterpoint MAT to June 1993. 2 Chevrel B. (1989) *J. Int. Med. Res.* 8: 300. 3 Ward A E. (1989) *Br. J. Clin. Pract.* 43: (2) Suppl.66: 52. 4 Williams D L. *et al* (1979) *J. Int. Med. Res.* 7: 551.

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